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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6010 **CERTIFICATE OF DEATH**

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Reg.	Dist.	N	U	J	0	3

1.	PLACE OF DEATH a. COUNTY	rince Geor	ge	MAR	YLAND 2	o. STATE	ence (wh	ere deceased	d lived. If institut b. COUNTY		nce befo	C	ion)
	RURAL and give no	If outside corporate limi	ls, write	c. LENGTH OF STAT	r IN 1b	c. CITY OR T	OWN (If o	outside corpo	rate limits, write l	RURAL and	give ne	arest lown)
1C	heverly, M	ld		2 Days	1/	Hyatt	svil	le, Md					
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspital, g	ive street	address)		d. STREET A						e. IS RES	
	Prince	George Ger	neral	Hospital		7302	Well	ls B	lvd				NO TO
3.	NAME OF	Fir	st	Middl	e	Last		4. DATE	Mo	nth	Do	ay '	Year
	(Type or print)	Ma	ary I	Allen				OF DEATH	Ma	y 8			1958
5.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	IED B.	DATE OF BIRTH	1		9. AGE (In years last birthday)			IF UNDE	
	Female	White	WIDOW	ED DIVORC	ED 🔲	3-16-	02		56.5	Months	Days	Hours	Min.
10	during most of wor	ON (Give kind of work a	dane 10b.	KIND OF BUSINESS	OR INDUSTR			or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
L	Hous	king life, even if retired EW11e	0	wn home		Mar	yland	1		U	S A		
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME		1			
		John M Mc	Car	thy		Mary	J. Cl	lement	s				
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. INFO	DRMANT			Add	lress			
1		no		none	Fr	ank II	Aller	1 Hy	attsvil	le Mo	d.		
	18. CAUSE OF DEA	ATH [Enter only one co	use per li).]			,				ERVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	/	Ecule	pu.	clare	esolo	rets	e ale	ente	2 ON	SET AND	DEATH
	153.8	DUE TO			11				^	1			
	Conditions, if o		(2 dem	me C	reus	-	1	the as	lan.		***	
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	lying couse lost.	me under-											
z		HER SIGNIFICANT CON		ONTRIBUTING TO DE	EATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
CERTIFICATION	3				8 7							PERFO	RMED?
F	20a. ACCIDENT WA	AS UNDERLYING	20b. DES	CRIBE HOW INJURY O	OCCURRED. (Enter nature of	injury in !	Part I or Part	I II of item 18.)			163	140
CER	OR CONTRIBUTING	MEDICAL EXAMINER)											
3	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. II	NJURY OCCURRED	20e. PLACE	OF INJURY (lome, farm	, 20f. (City	or tawn)		(County)		(State)
MEDICAL	Hour o.m.	19	While of wor	Not while	factor	y, street, office	bldg., etc.	.)			, , ,		(0.0.0)
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	alive an_Ma	7	, 12_	and tha	t death a	ccurred at.			n the causes		the da		
	ACTUAL V	1. heras	0.					ADDRESS (St	reet, city or town,	stote)		DA	ATE SIGNE
	SIGNATURE	Jon	2 Oca		M.C)							
	PHYSICIAN'S	153											
	NAME (Type)	Dr. T F	erra	REPRE									
22	BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEN	METERY OR C	REMATORY		22d. LOCAT	TION (City, town,	or county)		(Stote	e)
L	Buria	al Minar IO	, 19	58 Ceda	r Hill	1 Ceme	tery	Sui	tland M	d.			
23.	FUNERAL DIRECTOR			ADDRESS				D BY REGIST			GNATH	RE	
	F. Ga	asch's Son	s H	yattsvill	e, Md	•	DATE	MAY 1 2	2 '58	Whe	auc	h	

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	Mr. Malandare Root			
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THE PROPERTY OF STREET				
		Well Hotel Indian		TO SALES IN

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1	-0		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR S1	TATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05988
HEALTH	DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decapsed lived. If institution: Residence before admission) 5. COUNTY (1) 6. COUNTY (1)
Pog Health	TAR I	E	D. CITY OR TOWN (If outside corporate limits, write RURL c. LENOTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
irectire y		-	Forselvelle 30 years x 7 inselvello I. NAME OF HOSPITAL OR INSTITUTION (1970) in hospital give street oddgess) d. STREET ADDRESS
y is ne leral d ined fo ite Bac ith.	00		800, marlbors tile DE 1800, marlboro Pelis No 10
y dela he fun e retai he Sta er dea			NAME OF DECEASED (Type or print) Resident Cleveland Canalel Death Tree 251958
3 to t may b with t		5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNIDER 14 FEAR IF UNDER 24 HRS. 1
death. 2, and age 5 and 2 and 2	1		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)
oges 1.		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Give Po Give Po form I File p		15. (Yes	WAS DECEASED(EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT If yes, give wor or do'es of service) Address
within 18.		-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN CHARGE THE COUSE PARTY OF A THE COURSE THE COUSE PARTY OF A THE COURSE TH
n them e alor nsit p			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coule Congestive be out failure 442X DUE TO
be exe bencil is Official-tra			Conditions, if ony, which (b) Cardronson Con Tena Calescone
miner in part of or or			(c) toling the underlying course fast.
icote si sending of Exor used os rematic	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NOTE:} NO \(\text{NOTE:} \)
Medic Medic Id be		CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
NER: Thing the war Chief		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour e.m. 20d. INJURY OCCURRED While Not while of work of work 119 of work 11
Writi H to the R: Pag			21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
ECTO OGE			ACTUAL DATE SIGNED
he cerl be for AL DIS			SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S ASSISTANT MEDICAL EXAMINER
cote t cote t hauld UNER	d	220	NAME (Type) A A A C S A DEPUTY MEDICAL EXAMINER D A S A S A S A S A S A S A S A S A S A
5 4 5 p	10	23	Burs may 28-58 Colon Hell Continue Suntland Mile EUNERAL DIRECTOR'S SIGNATURE ADDRESS A 240. RECY BY REGISTRAR 244. REGISTRAR'S SIGNATURE
VS. A15ME 5M 2/S7	OX	H	in son 1661-gd Hoje Pass DATE MAY 27 '58 With educh
			The state of the s

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6980

Reg. Dist. 05989 **CERTIFICATE OF DEATH**

	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE
)[b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	Andrews A.F. Base 8 DAYS	Washington, D. C. 47x-3
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	1001 ST USAF HOSPITAL	47 SEATON PL. N.W. YES NO
	3. NAME OF DECEASED (Type or print) CELESTINE Middle	BARINO 4. DATE Month Day Yeor OF DEATH MAY 19 19 58
	1- EM NEG WIDOWED DIVORCED	B. DATE OF BIRTH JUNE 2, 1914 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC WORK PRIVATE HOM	
F	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H	CHARLIE HOWARD	KATIE UNKNOWN
1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 249-10-9241 4	TSEATON PL N.W. WASH D.C.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ULLE TO DECE	EMPENSATION INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (b) HYPERTENSIV. (b) HYPERTENSIV. (c) CHRONIC PYE	E CARDIOVASCULAR DISEASE 6 MOS
	Š į	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter noture of injury in Port I or Port II of item 1B.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. While Not while for work of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from LAAY 12	, 1958, to MAY 19 , 1958, that I last saw the deceased
	alive on MAY 19 , 12-58 and that death	occurred at 1015 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) MAY 19, SEATE SIGNED
	SIGNATURE MENERAL SAMUETO	N.D. Andrews A.FB., Wash 25, D.C.
	PHYSICIAN'S FOWARD J. SMITH CAPT USAF	(MC) 1001ST USAF HOSPITAL.
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF THE PROPERTY OF THE PROPERT	0-1-1
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

19 MAY 1958: I the undersigned, do hereby certify that
this death was reported to the Medical Examiner, Prince
Serves county (Or J. Boyd) and that said Medical Examiner
authorized movement of remains from Andrews A. F. Base
to Bolling AFBase for purpose of Autopsy and further
outhorized movement of remains to a mortiary of families
enoice. (Johnson & Jenkins Funeral Home in Wash Dic.)

[12] J. H. Ling, S. G. Wall, 1986. Phys. Lett. B 513 (1997) 33.

Registrar

1/1	795	111	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
E 00 51	ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05990
HEALTH	DEPT.	-	Reg. Dist. No.
2 2	<u> </u>		ACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE YOU D. COUNTY
Page es.	88		MARTIAND PROMISED 17 SEE
¥ (b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d of o		-	Riverdale 200 15 Hyattoulle,
al dir Baar	99	0.)0	Leloned Memorial (If not in hospital, give street address) 4. STREET ADDRESS 4. STREET ADDRESS 4. STREET ADDRESS WELLONG WITH A STREET ADDRESS WELLONG
oine tote		3. N/	AME OF First Middle Lot A DATE Month Day Year
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one one one one one one one one one one		10a. U	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF WHAT COUNTRY?
P0.20			Parnter Hainting S. Carolina USa
Add a sign	1	13_F	ATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pog Pog		Q	Jamil Osean Toda Wall
forn File			VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
or it			579-07.949/1 Kuth E- Beam; Same address
der in		1	8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ord (c).]
it p			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute congestive heart for him
in a suppose			442X DUE TO DIE TO
ole of the ole			Conditions, if ony, which (b) androvascular renal disease
er's			gove rise to immediate couse (a), stating the underlying DUE TO
min a		1	couse lost. (c)
d d d	^	o l	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Col	0	3	YES NO NO
d ledi		1 22 LP	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part & or Part
work work		- T	AUSE OF DEATH.
The State		WEDICAL	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. m. Vhile Not while
ing the ge		` -	p. m. 19 of work of work
000		2	21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [7], Inquiry [8], and in my
TOR		C	ppinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
d o			ACTUAL DATE SIGNED
far far			SIGNATURE M.D. CHIEF MEDICAL EXAMINER [
he be	2		EXAMINER ASSISTANT MEDICAL EXAMINER 3 25-55
de de			NAME (Type) OODN T- MALONEY, M.D. DEPUTY MEDICAL EXAMINER &
Share T		210.	BURIAL CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) 5/27/58 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Empty Colman Manon, Md.
5,5	0.	-	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
S. A15ME	1 Jak		Combine Same Unattending Na
5M 2/57	N.		Gasch's Sons Hyattsville Md. DATMAY 2 6 '58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis (15.992

1. PLACE OF DEATH a. COUNTY	Prince Geor	rges	MARYL		USUAL RESIDENCE			tution: Residence TY Fairf	
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write Rt	URAL	c. LENGTH OF STAY II			N (If outside con	porote limits, writ	e RURAL and giv	ve nearest town)
d. NAME OF HOSPITA Prince Ge	orges Genera	ot in hospit	al, give street address) B pital)	d. STREET ADDRE		t		ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	First Gilber	t s	Middle Simpson	Bige	low Last	4. DATE OF DEATH	May	6, C	Year 19 58
5. SEX Male	6. COLOR OR RACE 7.	MARRIED	HE -	_	TE OF BIRTH		9. AGE (In years lost birthday) yrs	Manths Day	AR IF UNDER 24 HRS. ys Haurs Min.
during most of warkin Mechan 13. FATHER'S NAME	lc .	A	ID OF BUSINESS OR IN utomobile		Virginia. MOTHER'S MAIDE	EN NAME			OF WHAT COUNTRY?
	ER IN U. S. ARMED FORCE (If yes, give wer or dotes of serv W.W. 2	ES? 16. SC	9-18-7681	17. INFO	RMANT	ertrude gelow;	Addres		W. Wash.,D.(
Canditians, If an gove rise to Immed (a), stating the couse last.	liate cause	ı	erebral conntracrania	l her	norrhage			VEN IN PART 1(d	a) 19. WAS AUTOPSY PERFORMED? YES NOT
	TRIBUTING	Ost C O 20d. INJ While at work		motor PLACE of factory, High above, Suicid	or cycle a: DF INJURY (Home, street, office bldg., tway held on Auto e, Hamic	form, 20f. (Cir. etc.) Glo	nspection K	Pr. Geo	(State)
EXAMINERS NAME (Type) 22a. BURIAL, CREMATIO REMOVAL (Specify) ACLY 23. FUNERAL DIRECTOR:	May 9, 19.		M.D. R. NAME OF CEMETER ADDRESS	RY OR CRE	MATORY	22d. LOCA	TION (City, town,	or caunty)	(State)
F Gasch	's Sorrs	473	9 Balt. A	ve	-0.		158 Qu	Heave	7

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de-

VS A15 (4) 1SM 10/57

oth:" Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

60\$3 CERTIFICATE OF DEATH

Reg. Dist. No.

05993

	1. PLACE OF DEATH o. COUNTY Princ	e Georges	MARYLAND	O. STATE	E (Where deceased live yland	d. If institution: Resi	nce Geor	
	b. CITY OR TOWN I		c. LENGTH OF STAY IN 18		N (II outside corporate I	limits, write RURAL o	nd give nearest to	wn)
	OR INSTITUTION	TAL (If not in hospital, give str Georges Gener		d. STREET ADDRE	webster	Street	ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	First William	Middle	Boege	4. DATE OF DEATH	Month May	L ₁ Day	Yeor 19 58
	5. SEX	7.5	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	10	GE (In years IF UNI ost birthdoy) Monti	DER 1 YEAR IF UN hs Days Hour	
	during most of wor	ON (Give kind al work dane rking life, even il retired)	lob. KIND OF BUSINESS OR INI	Her	nany	12.	CITIZEN OF WHA	AT COUNTRY?
	Folia	m	Boege	Fred	ireka	?		
	(Yes, no or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO. 17	ma na	re Boe	Address (iboo	2
1		immediate DUE TO	Carring on (o), (b), and (c).] Carring (Engetion a of Hon Tusis:	Trepen Goodni	ite Recetion	INTERVAL ONSET AN	
1	FICATI	'AS UNDERLYING 🗍 20b.	NS CONTRIBUTING TO DEATH B				PERI	S AUTOPSY FORMED?
	20g. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m.	W	d. INJURY OCCURRED 20e. hile Not while work ot work	PLACE OF INJURY (Home lactory, street, office bldg	20f. (City or to	own)	(County)	(Stote)
	21. I certify to olive on	Hot I oftended the decident of the second of		/	20A M, from the	e couses ond oi city or lown, stote)	n the dote sto	
	20. BURIAL, CREMATIC REMOVAL (Specify	5/6/58	Forh L	neoly	. Colme	(City, town, or count	in (Si	iole)
	23. FUNERAL DIRECTOR	I'S SIGNATURE	sal tom	0 7	REC'D BY REGISTRAR 8 '58	246 REGISTRAR'S	SIGNATURE	

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Service of All . Not become			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 05994 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admirision) P b. COUNTY MARYLAND CITY OR TOWN (If autside corporate limits, w C. LENGTH OF STAY IN 16 C. CITY OR TOWN W outside carporate limits, write RURAL and give negrest town) RURAL and give negrest town) d. NAME OF HOSPITAD (It not in hospital, give Areet address) d STREET ADDRE . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO ! NAME OF First Middle DATE Month Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years first bireffday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Hours WIDOWED M DIVORCED T papers. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME A MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1 mil 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO A 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. 20d. INJURY OCCURRED Year (County) (State) factory, street, affice bldg., etc.) a. n. While Not while at work at work D. m. 21. I certify that I attended the deceased from 195 that I last saw the deceased and that death occurred at Coalive on_ M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15M 9/55

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FOR STATE HEALTH DEPT. Page res. Health, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, execute the certificate virting the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forward, to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board at To FUNERAL DIRECTOR: prior to burial, cremation, or removal, and in any eyest-within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		()	-	0	0	-
Reg.	Dist.	No	0	3	3	

	Prince George's	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Marvland b. COUNTY Pri	ince before admission)					
)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and X Hillside						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	tal, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
	1207 54th Avenue		1207 54th Avenue	YES NO					
	3. NAME OF DECEASED (Type or print) Clarence	Millard B	lost 4. DATE Month OF TRANSPORTED TRANSPORTED TO THE CONTROL OF TH	Doy Year L5 1958					
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [8.		TYEAR IF UNDER 24 HRS.					
	Male White WIDOWED	DIVORCED .	July 12, 1907 50 yrs. Months	Days Haurs Min.					
	10a. USUAL OCCUPATION (Give kind af wark done 10b. KIN during mast af working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?					
	Laborer	Skilled	District of Columbia	U. S. A.					
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
)	Clarence Marshall	Bradenburg	Estella May White						
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17. IN	FORMANT Address	•					
	tes ka	77-09-6145 M	rs Janet Brandenburg, san	ne as # 2					
	18. CAUSE OF DEATH [Enter only one couse per line for	r (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACT	ute congest:	ive heart failure	ONSET AND DEATH					
	442X DUE TO								
	Conditions, if ony, which) (b) Cal	rdiovascula	r renal disease						
	gave rise to immediate cause								
	cause last. (c)	(o) starting the original starting the origi							
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY PERFORMED?					
)	5			YES NOXE					
	PRIMARY LI or CONTRIBUTING LI	HOW INJURY OCCURRED. (Er	iter nature of injury in Port I ar Part of item 18.)						
	Nour a, m. While	JURY OCCURRED 20e. PLAC Not while at work	E OF INJURY (Home, form, ry, street, office bldg., etc.) (Cau	nly) (State)					
	21. I certify that I taak charge of the re-	mains described abay	ve, held an Autopsy . Inspection . Inquir	y and in my					
	opinion death resulted from: Natural car	uses Accident	Suicide , Hamicide . Undetermined n	nanner 🗌					
	ACTUAL SIGNATURE AND DE	· V South	LD. CHIEF MEDICAL EXAMINER	DATE SIGNED					
2	EXAMINER: James I. Boyd	1	DEPUTY MEDICAL EXAMINER MAY 15	5. 1958					
	220. BURIAL, CREMATION, 226. DATE THEREOF 22	2c. NAME OF CEMETERY OR		(State)					
	burial 5/17/58	Washington	National Prince Georges C	lounty Md					
	23. FUNERAL DIRECTOR'S SIGNATURE	2901 Lth St	los proin su prosens a los profesiones esp	NATURE					
	The S.H. Hines Company	Washington (4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ich					

CHARLED TO COUNTY OF STATE OF THE PRINCIPLE STATE OF THE PERSON. A SECURE AND THE ST The state out to

a COUNTY	d lived. If Institutions Residence before admission) b. COUNTY
Prince Georges MARYLAND STATE Maryland	Pr. Geo.
and give neored towerly D. O. A. Bowie	rate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince Georges General Hospital d. STREET ADDRESS Bowie Race T	rack on a farm?
3. NAME OF DECEASED (Type or print) Joseph Matterson Bridgehouse DEATH	May 11 19 58
Male white WIDOWED DIVORCED 12-9-1896	AGE (In years lat birthday) 61 yrs. IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign could dering most of working life, even if retired)	intry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
James Bridgehouse Catherine D	alv
9 9 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, now unknown) (If yes, give wor or doles of service) 15-16-7712 Josephine Shensk	1: same address as #2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
E 5 - 11994	
Conditions, if any, which) the Philmonery abscess	
gave rise to immediate cause	
(a), stating the underlying course last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE OF	CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY
Cardiovascular renal disease	PERFORMED?
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Pick II of CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City of factory, street, office bldg., etc.) while at work at work at work 200 to 100	or town) (County) (State)
21. I certify that I taak charge of the remains described above, held an Autapsy 1. Ins	pection X Inquiry X, and find that
death southed from Natural course M Assidant C Suisida C Hamisida C Has	determined cause .
actual signature form of the closes of Accident of Solicide of Homicide of Hom	DATE SIGNED
EXAMINER'S John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER X	
220. BURIAL CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATURE TO SEMENTAL TO THE 22d. LOCATURE TO SEMENTAL TO SEMENT	ON (City, Jawn, or county) New Jersey
5. A15ME(5) 5. A15ME(5) 5. A15ME(5) 7. Section of the property of the prope	0 / - 0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		t to the second		
		e 2		

Item 7, Film G229, 5/26/58 CERTIFICATE OF DEATH Reg. Dist. No. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE filed b. COUNTY MARYLAND Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. City OR IOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Davs d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street oddress) haurs ofter OR INSTITUTION 24 Prince Georges General 1308 Hamilton St. pup 4. DATE First NAME OF Middle Month О DECEASED William DEATH Sydney Carpoll (Type or print) May 1 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX lost birthdoy) Months Male White WIDOWED | DIVORCED cample papers. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. Salesman Electrical supplies pup 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ofter William Sydney Earroll Mina Espey physicic 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hyattsville Md. ding p ase ren in 72 h Mina Carroll 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] affend PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY fHome, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Doy, Year factory, street, office bldg., etc.) Hour o m While Not while of work of work p. m. 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred at 11:52PM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ă P PHYSICIAN'S FUNERAL NAME (Type) Dr. Aaron Deitz 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ORCCREMATORY 22d. LOCATION (City, town, or county) age REMOVAL (Specify) Arlington National Buria Arlington Virginia 0 ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRÁR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Hyattsville, Md. F. Gasch's Sons

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

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Day

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(County)

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e. IS RESIDENCE ON A FARM?

YES NO DO

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(Stote)

Min.

A PEROMITAGE STATE OF THE MEAN OF TAKE SEALING STATE OF THE MEAN OF THE SEALING SEALIN 11--THE RESERVATE OF THE PERSON AND RESERVED. ## HE TO BE TO SEE THE PROPERTY OF THE PROPERT The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH b. COUNTY MARYLAND 12201025 rinee b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) day 5 Irendalo . IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION YES NO T tugene heland Memonial Geor 4. DATE Middle Month Yeor First Lost 1958 DEATH May 12 E. 12 , 12 9. AGE (In years / IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED last birthday) Months Doys Hours WIDOWED [DIVORCED [12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
Housewife Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ames e. 5/1 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Canditians, if any, which (b) gove rise to immediate DUE TO cause (o), stoting the underlying cause last. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Hame, farm, , 20f. (City or town) 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Haur a. m. While Not while al wark at work 21. I certify that I attended the deceased from that I last saw the deceased alive on My that death occurred at M, from the causes and on the date stated above.

22d. LOCATION (City, town, or county)

240 RECISTRAR

County

246 AREGISTRARIS SIGNATURE

(Stote)

Va

22c. NAME OF CEMETERY OR CREMATORY

Homestead

Co. 2901-14=

filled Poges physician ottending d by signed puo DIRECT prior P FUNERAL 10

requires that the death certificate

a. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

(بالانكاكاك) ((المعانية)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF

VS A15 (4) 15M 9/55

	CERTIFICATE OF DEATH
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(1,2100 G)	To remain the second of the se

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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	3	997						Reg. Dist.	No.	. (,
1. PLACE OF DEATH O. COUNTY PRIM	ICE GOER	GES	MARYL		2. USUAL RESIDENCE (WI o. STATE D. (-	lived. If institution b. COUNTY	anı Residence	before adm	ission)
b. CITY OR TOWN (IF O		s, write	c. LENGTH OF STAY II	N 1b	C. CITY OR TOWN (IF C		ate limits, write RI	7 X - 3	re nearest to	wn) 🗸
d. NAME OF HOSPITAL CARROLLIONMA	(If not in hospital, gi	r HOI	ddress) VIE		d. STREET ADDRESS 2126 CONN	. AVE	NUE, N.	w.	e. IS R ON YES	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin MAI	THA	BUTLER	CI	HANCELLOR	4. DATE OF DEATH	MAY	th	Day 8	Yeor 19 58
FEMALE	S. COLOR OR RACE WHITE	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED		DATE OF BIRTH JULY 6, 18		9. AGE (In years last birthday) 83 yrs.		YEAR IF UN lays Hour	
during most of working AT HOME	(Give kind of work d g life, even if retired)	fone 10b. I	KIND OF BUSINESS OR	INDUST	BALTIMO	RE MD	untry)		S.A.	T COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
CHARLES V	VILLIAMS		NCETTOR	17 INC	MARTHA A	NN BU	PLER Addr			
	yes, give war or dates of se		OCIAL SECURITY NO.		LE D. DRAIN	,1405		EET, N	I.W.,	D.C.
PART I. DEATH	WAS CAUSED BY		onary Art	ery	Disease				INTERVAL ONSET AN	BETWEEN ID DEATH
Canditions, if any, gave rise to imm couse (a), stating the lying cause last.	nediate (.11.4	erisclero	sis	General				15 y	rears
Ž		DITIONS CO	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART I	1(a) 19. WA: PERF YES [ORMEDS
20g. ACCIDENT WAS OR CONTRIBUTING [UNDERLYING CAUSE OF DEATH COLCAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury in I	Part I ar Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeo	While	Not while of work		E OF INJURY (Home, farm ry, street, affice bldg., etc		or town)	(Co	unty)	(State)
21. I certify that alive on May ACTUAL SIGNATURE PHYSICIAN'S	ones 7	, 12_5	lino MI)	deoth o	o. 322 H St	M, from ADDRESS (Str	the couses a reet, city or town,	ind on the	date sto	e deceose
220. BURIAL, CREMATION,	LOMAS F			FRY OR	Washing					
REMOVAL (Specify) BURIAL	5-12-58		MT . OLIV	ET			ION (City, town, o	D.C.	(SI	ote)
23. FUNERAL DIRECTOR'S S Joseph Haw	lis sons me	175	6 PA. AVE.	, N.	W. DC 240. REC	D BY REGISTS		STRAR'S SIGN	ATURE	

of director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the fipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/5S

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The state of the state of	The same of the sa	carate 12 75 to Strice Strice
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VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

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	. 1	- A-				Keg. Dist.	No. (1 0 0 0 .X
orge		MARYLAND	O STATE		- b COUNTY		pefore admission)
	ts, write	LENGTHOF STAY IN 16	1		ate limits, write R	URAL and give	nearest town)
N		(dress)	d. STREET ADDRESS	1		X	e. IS RESIDENCE ON A FARM? YES NO
Carol Ann	st	Middle	Coates	4. DATE OF DEATH			Doy Year 15 19 58
			B. DATE OF BIRTH	7	lost birthday) 6 Mo yrs.	Months Do	Haurs Min.
TION (Give kind of work	done 10b. K	ND OF BUSINESS OR IND	Maryla	nd	intry)	12. CITIZEN	U.S.A.
William Ha	ger						
		OCIAL SECURITY NO. 17.		is Cos			rlho ro
DUE TO any, which immediate ng the under St. OTHER SIGNIFICANT CON WAS UNDERLYING MAG UND	DITIONS CO	IBE HOW INJURY OCCURI	RED. (Enter nature of injury i	in Part I or Part	Il of item 18.}	COUR	PERFORMED? YES NO
that I attended the		from	, 19, to_ th occurred at 8:11 _M.D. 35 & c	OA M, from	the couses of	ond on the	
)F	22c, NAME OF CEMETERY	OR CREMATORY	22d. LOCATI	ON (City, town, o	or county)	(Stote) /
DR'S SIGNATURE	581	St. Truble	240 RF	C'D BY REGISTR	AR 24b. REGI	OCO STRAR'S SIGNA	md,
THE SOUTH THE STATE OF THE STAT	Sorge N (If outside corporate limit to nearest town) SPITAL (If not in hospitol, good processes town) SPITAL (If not in hospitol, good processes town) GOOD GOOD GOOD GOOD GOOD GOOD GOOD GOOD	SPITAL (If not in hospitol, give street of process of the nearest town) SPITAL (If not in hospitol, give street of process of the nearest town) SPITAL (If not in hospitol, give street of process of the nearest town) SPITAL (If not in hospitol, give street of process of pr	MARYLAND N (If outside corporate limits, write e nearest town) N (If outside corporate limits) N (If outside corporate limits) N (If outside corporate dodress) N (If outside corporate dodress) N (If outside outside of service) N (If outside corporate dodress) N (If outside co	MARYLAND N (If outside corporate limits, write a nearest town) N (If outside corporate limits, write a nearest town) N (If outside corporate limits, write a nearest town) PITAL (If not in hospitol, give street oddress) SPITAL (If not in hospitol, give street oddress) SPITAL (If not in hospitol, give street oddress) OCATOL Ann Coates First Middle Lost Coates ATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRY) Nov. 13, 5' Marylan ATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRY) II. BIRTHPLACE (Sto Maryla of William Hager EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dote of service) DEATH (Enter only one cause per line for (o), [b), and (c).] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO f any, which immediate nother of the complete of the part of the test of the part of the test of the test of the test of the part of	MARYLAND STATE OF STATE OF COLOR OF TOWN (If outside carport of energy in the energy	Norge Maryland Prince George Norge George Norge outside corporate limits, write a nearest town) 1 Day 1 Day 1 Day 2 Day 3 STREET ADDRESS NOTGE GENERAL First Carol Am 4 STREET ADDRESS NOTGE GENERAL First Carol Am 6 COLOR OR RACE 7 MARRIED NOVED	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be 100 per 100 p

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VS. A15

5998	CERTIFICAT	E OF DEADH	(:6)02 Reg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DE	CEASED:
COUNTY Truck Test	MARYLAND	STATE Maryland	COUNTY Pr.Geo's
CITY (If outside corporate limits, write OR and give nearest town). TOWN	MURAL LENGTH OF STA (in this place) 6 mos.	Y CITY (If outside corporate limits, write NOR YOUN)	e RURAL and give nearest town)
INSTITUTION OR STREET ADDRESS Catholic	1 manos	/ STREET (If rural a	give location)
3. NAME OF DECEASED: (Type or Print)	Wells Co	ffren 4. DATE (Mont	0 11
5. SEX: S. COLOR OR 7. SING! RACE: WIDO	WED, DIVORCED,	e OF BIRTII: 9. AGE last birthday: 4, 1870 87 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life,	10b. KIND OF BUSINESS OF INDUSTRY: Own Home	OR 11. BIRTHPLACE (State or foreign cour Maryland	ntry): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	O WII IIOMO	14. MOTHER'S MAIDEN NAME:	
Joseph Wells		Willie Ann Day	,
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		7. INFORMANT & ADDRESS: Mrs. Roland Ryon- Uppe	r Marlboro, Md.
	18. MEDICAL CERTIFICA	TION	Interval Between
stating the underlying cause last.	Carino	na of Parotid glan ic Coma (contrib	cain 6 mos of 7 yrs utony) Boday
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but			7/
related to the disease or condition causing	r death. R FINDINGS OF OPERATION	AT .	20. AUTOPSY ?
198. DATE OF OFERATION: 198. MAJOI	K FINDINGS OF OFERATION		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLA OF UNIL INJU	CE (Home, farm, factory, stree office bldg., etc.)	et, (CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OCCUR?	
0 ~	he deceased from april	,1957, to May , 1958, t	
alive on May 22, 1959, and	that death occurred at (Degree or title)	may 24-58 ADDRESS	the date stated above.
23. BURIAL, CREMATION, DATE THER	1716 R.I	aw 17. W Wash 6 ERY OR CREMATORY LOCATION (City,	5/24/58
Burial 5/27/58 DATE REC'D BY LOCAL REGISTRAR	Mt. Carme	1 Cemetery Upper Mar	lboro, Md. ADDRESS
REGISTAT 2 8 '58	- /	Ritchie Bros. Upper M	larlboro, Md.

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MARYLAND	STATE DEP	ARTMENT C	OF HEALTH-	BALTIMORE,	11
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OR2 CERTIFICATE OF DEATH

(6003)

0.783			Reg. D	ist. No.
PLACE OF DEATH G. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institutions Reside	nce befare admission)
Prince George	MARYLAND	Maryla		ince George
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	1	tside carporate limits, write RURAL and	give nearest tawn)
Adelphi	2 yrs.	X Adelph:	1	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	. 3	e. IS RESIDENCE ON A FARM?
9720 Riggs Rd	•	9720 Riggs I	. DX	YES NO
B. NAME OF First DECEASED (Type or print) Flora	Middle Respected	Coyle	4. DATE Month OF DEATH May 23	Day Year 19 58
SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	April 7, kg	last birthday) Manths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State a	r fareign country) 12. Cl	TIZEN OF WHAT COUNTR
Housewife	Cwn Home	Shelby, N.	Car.	USA
3. FATHER'S NAME	0.1111 10.0110	14. MOTHER'S MAIDEN NA		O GE S
Floyd Ellis		Nannie Hop	per	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
Yes, no. or unknown) [If yes, give war or dates of service]			edith, 9720 Riggs	Rd. Adelphi.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	hoonie /mg	hasho lenk	emp	8 yr.
PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I ar Part II af item 18.)	
Haur a. m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decease	sed from 5-1	, 1957, 10 5	-23 1958 that I	last saw the decease
alive on 5-22, 19	58 , and that death	accurred at 5:10 a	M, fram the causes and an i	
ACTUAL BALBANIES	no.	M.D. 2513 1	Mcklodge RA	5-23-5
PHYSICIAN'S R.D. BAUGK	, M.D.	Ded	elphi.	mol.
20. BURIAL, CREMATION, 22b. DATE THEREOF FROM STATE ST	Geo. Wash. Mer		nd. LOCATION (City, town, or county) Prince George Cour	
3 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Silver Spr	ing, Md. 240. REC'D	BY REGISTRAR 24b. REGISTRAR'S SI	IGNATURE

VS A15 (4) 15M 9/55

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MARYLAND-STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5920 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Pag Dist No

PLACE OF DEATH o. COUNTY	T I					
		2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If in b. CO	nstitution: Residenc	e before admis	ion)
Prince Georges	MARYLAND	Maryland		ince Geo	2000	
	ENGTH OF STAY IN 16		ulside corporate limits, v			1
RURAL and give nearest town)		./		THE KOKAL ONG 9	ive negresi iow	"
Cheverly		Colmar Ma	nor.			
d. NAME OF HOSPITAL (If not in hospital, give street oddre	155)	# d. STREET ADDRESS			e. IS RES	IDENCE
OR INSTITUTION	spital	2021				FARM?
Prince Georges General Ho	sprear	3804 Newar	k Rd		AE2 L	NO.
NAME OF First	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print) Julian T.	CHOSON		DEATH	MAY	23	1958
. SEX 6. COLOR OR RACE 7. MARRIED TO	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In	years IF UNDER	YEAR IF UND	ER 24 HRS
Male White WIDOWED		et. 23- 1905	lost birth	day) Months	Days Hours	Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OF INDUSTI	PY 11 RIPTHPLACE (State			ZEN OF WHAT	COUNTE
Ouring most of working life, even if refired)		mm.	or roreign country;	12. СП		COUNTR
4-4-6-4	rne Dairy	Va.			USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Charles B. Croson	to the beauty	Ida Jane Mc	Doneld			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA		ORMANT	3804-	Newark Ror,	d	
() And B. a. and a. springs .	Dot	rothy L. Cro	son Colma	r Manor	Md.	
TIN CALLER OF DEATH I'C						
18. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), and (c).	1 - 1			ONSET AND	
PART I. DEATH WAS CAUSED BY:	run of di	secting o	meurians		IM Med	
1/4/					IM WELL	ICLIC
DUE TO					,	
	riosdevosis	5			141-2	
gave rise to immediate DUE TO		10 BURNESS				
couse (a), stating the under-					1 1 2 3	
, (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART	1(a) 19. WAS	AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTE						RMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INITIBY OCCURRED	(Cotos cotos of initial in the	and I as Book II of 'to - To	0.1	153	140
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED.	terrier nature of injury in P	uri i or rori ii or item ii	D.)		
LUE FITHER NOTIFY MEDICAL EVALUATED						
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	factor.	E OF INJURY (Home, form,	20f. (City or town)	(Co	ounty)	(State)
	Not while factor	E OF INJURY (Home, form, ry, street, office bldg., etc.	20f. (City or tawn)	(Co	ounty)	(State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY	Not while factor	ry, street, affice bldg., etc.				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work	Not while factor of work	ry, street, affice bldg., etc.				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m., p. m. 19 While of work 21. I certify that I attended the deceased fr	Not while factor of work factor	ry, street, affice bldg., etc.	May 23, 15	SK,that I le	ast saw the	decea
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work	Not while factor of work factor	ry, street, affice bldg., etc. + , 1956, ta ccurred at 61151	May 23, 19	that I loses and on the	ast saw the	deceas
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour a.m., p. m. 19 While of work 21. I certify that I attended the deceased fralive an May 20, 1958	Not while factor of work factor	ty, street, affice bldg., etc. ty, 1956, to inccurred at 61151	May 23, 15	that I loses and on the	ast saw the	deceas
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work 21. I certify that I attended the deceased fralive an Mount 20 , 19.58	Not while factor of work factor	ty, street, affice bldg., etc. ty, 1956, to inccurred at 61151	Moy 23, 15 M, from the caus NDORESS (Street, city or	St, that I loses and on the	ast saw the	deceas
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour a.m., p. m. 19 While of work 21. I certify that I attended the deceased fralive an May 20, 1958	Not while factor of work factor	ry, street, affice bldg., etc. + , 1956, ta ccurred at 61151	Moy 23, 15 M, from the caus NDORESS (Street, city or	that I loses and on the	ast saw the	deceas ed abav
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work 21. I certify that I attended the deceased fralive an May 20 , 1958 ACTUAL SIGNATURE PHYSICIAN'S Robert L. Keiner Month, Doy, Year 20d. INJURY While of work 20d. INJURY WHILE WH	Not while factor of work from the factor of work from from from from factor of factor	ty, street, affice bldg., etc. ty, 1956, to inccurred at 61151	Moy 23, 15 M, from the caus NDORESS (Street, city or	St, that I loses and on the	ast saw the	deceas ed aba
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work 21. I certify that I attended the deceased fralive an May 20 , 1958 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) RO, BURIAL, CREMATION, 22b. DATE THEREOF 22c.	Not while factor of work form. April 34, and that death a	t, 1950, to 1950 to 19	May 23, 19 2M, from the cause ADDRESS (Street, city or	St, that I loses and on the lown, state) W. WAS	ast saw the e date state	deceased above the sign of the
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work 21. I certify that I attended the deceased fralive an May 20 , 1958 ACTUAL SIGNATURE PHYSICIAN'S ROBERT T. KE	Not while factor of work for more factor of work for more factor of death o	ty, street, affice bldg., etc. t, 1950, to accurred at 61151 D. 3132 - 1	May 23, 19 M, from the cause ADDRESS (Street, city or LHS1, No.	ses and on the lown, state) W. WAS	ast saw the	deceas ed abav ATE SIGN
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work 21. I certify that I attended the deceased from alive an May 20, 1958 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PO. BURTAL, CREMATION, 122b. DATE THEREOF May 27-58 May 27-58 May 27-58	Not while of work of the hope Cemet	ty, street, affice bldg., etc. t, 1950, to accurred at 61151 D. 3132 - 1	May 23, 15 2M, from the cause ADDRESS (Street, city or 6 4 81. No.	that I ke see and on the lown, state) W. W. Sown, or county)	ast saw the e date state by HINGTON	deceased aba
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work 21. I certify that I attended the deceased from alive an May 20 1958 ACTUAL SIGNATURE PHYSICIAN'S Robert T. KE PHYSICIAN'S NAME (Type) Ro. BURIAL, CREMATION, 22b. DATE THEREOF May 27-58 May 27-58 May 27-58	Not while factor of work for more factor of work for more factor of death o	ry, street, office bldg., etc. 1958, ta 10ccurred at 6151 D. 3132- CREMATORY tery	May 23, 15 2M, from the cause ADDRESS (Street, city or 6 4 81. No.	ses and on the lown, state) W. WAS	ast saw the e date state by HINGTON	deceased aba

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea ertificate has been signed by the ottending physician and campletely filled in by the fur as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should ion, ar remaval, and in any event within 72 hours after death. may be retained by the aspital or attending physic TO FUNERAL DIRECTO.

The FUNERAL DIRECTOR

The registrar prior to burial, cremation, ar remaval,

VS A15 (4) 15M 10/57

Then please remave carbon papers. Pages 1 event within 72 hours after death.

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. COUNTY c. CITY OR TOWN (If outside Orporate limits, write RURAL and give near y town) CITY OR TOWN (If outside corporate limits, Are RURAL Jo director you b OR INSTITUTION (If not in hospital, give street oddres retained for e State Board a. IS RESIDENCE ON A FARM? YES INO I Stofe Middle 4. DATE Month DECEASED OF (Type or print) DEATH 5. SEX 7. MARRIED T NEVER MARRIED 9. AGE (in years IF UNDER TYEAR IT UNDER 24 HRS. Days Months Hours WIDOWED A DIVORCED [50 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even in etired) 12. CITIZEN OF WHAT COUNTRY? ond 13. FASHER'S NAME 14. MOTHER'S MALDEN NAME e × DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (II yes, give war or dates of service) with 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Office DUE TO Conditions, if ony, which] gove rise to immediate couse DUE TO (o), stoting the underlying Examiner couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ef Medicol NO I 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter noture of injury in Port I or Aprt II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Cily or town)
While Not white factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Doy, Year (County) (State) Not while Poge . 21. I certify that I look charge of the remains described above, weld on Autopsy Inspection II. Inquiry DIRECTOR: Accident . opinion deoth resulted from: Natural couses ... Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL SIGNATURE FUNERAL D **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER F 220 BURIAL CREMATION, 22b. DATE 22c. NAME OF CEMERERY OR CREMATORY 22d. LQCATION (City, town, or county)

23. FUNERAL DIRECTOR

VS. A15ME 5M 2/57 SIGNATUR

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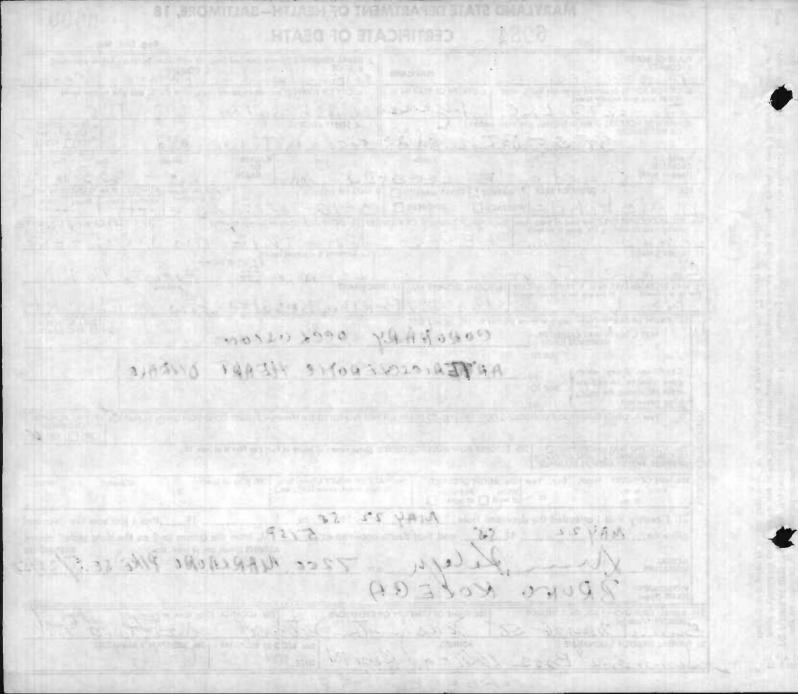
1	Phác of Death G. COUNTY MARYLAND 2. USUAL RESIDENCE (V. S. STATE MARYLAND MARYLAND	Where deceased lived	. If institution: Residence b. COUNTY Trince Ge	ce before admission/
	Prince Georges b. CITY OR TOWN (If ourside corporate limits, write RURAL ond give nearest fown) Cheverly // Mt. Rain:		mis, write RURAL and g	give nearest lown)
7	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS	32nd Ave.		e. IS RESIDENCE ON A FARM?. YES NO TO
3.	NAME OF First Middle Lost DECEASED (Type or print) Baby Boy Day	4. DATE OF DEATH	Mar 12-	Day Year 19 5 8
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED May 12 5	9. AG last	A	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
L	during most of working life, even if retired)	ote or foreign country)	12. CITI	IZEN OF WHAT COUNTR
113	GEATMER'S NAME LIFACIO MAIDEN ELLE 14. MOTHER'S MAIDEN	- Mi	chel	
	6. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no. or unknown) (If yes, give wor or dates of (price)		Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), one (c).] PART I. DEATH WAS CAUSED BY:	, ,		INTERVAL BETWEEN ONSET AND DEATH
	762.5 DUE TO POLICE (a)	/_		
	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.			
CATION	, (c)	MINAL DISEASE CON	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in (IF EITHER, NOTIFY MEDICAL EXAMINER)	n Port I or Port II of i	item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED White Not white of work 19 at work 19	erm, 20f. (City or towerc.)	vn) (C	ounty) (State)
	21. I certify that I attended the deceased from 21. 1. 19.58, to 1 alive an May (2 , 19.58, and that death accurred at 11.2)	May 12	_, 19 56, that I le	ast saw the decease
	ACTUAL SIGNATURE ACTUAL TURE M.D. 5301 Have	ADDRESS (Street, ci		DATE SIGN
			,	
	PHYSICIAN'S / NAME (Type)			
722	PHYSICIAN'S / NAME (Type) 10- BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Prince George's General 1	22d. LOCATION (6	City, town, or county) Cheverly, 1	(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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06007 6084 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND COR 9ES b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5808-YES NO TH NAME OF Middle First Lost DATE Manth Year Day DECEASED (Type or print) DEATH 19.5 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED DIVORCED popers. comp 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo around carbon 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME MOORE TEOR 9 ove hours FORES! 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address offending 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN 4 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: USION IMMEDIATE CAUSE (o) 420.0 **DUE TO** OSCHEROME HEART permit. ony Conditions, if ony, which gned gave rise to immediate DUE TO catse (o), stoting the underpuo lying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part It of item 18.) MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INTURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour q. m. Not while 19 at work at work p. m. 21. I certify that I attended the deceased fram... . 19____,that I last saw the deceased ed and that death accurred at 5 / 5 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE, SIGNED 0 DIRECT ACTUAL prior 3 should PHYSICIAN'S KO TO FUNERAL the registror NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE DATE MAY 2 6 1SM 9/SS 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06908

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY COUNTY MARYLAND (If outside corporate limits, write RURAL and give bearest town) LENGTH OF STAY (il outside corporete limits, write RURAL end give nearest town CITY CITY OR OR (in, this, place) TOWN TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OF ADDRESS STREET ADDRESS (Month) (Day) 3. NAME OF (First) (Middle (kest) 4. DATE (Year) DECEASED (Type or Print) DEATH a 10 SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR HE UNDER 24 HRS 6. WIDOWED, DIVORCED, RACE Months Devs Hours (Specify) YES. 10b. KIND OF BUSINESS CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 12. 11. OR INDUSTRY COUNTRY? done during most of working life, even if 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. 17. 00 8W (If Yes, give wer or dates of service) (Yes, no, or unk.) INTERVAL BETWEEN CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY 198, PATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION YES | NO Duelen 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID-HUURY OCCUR? (City or town) (County) (Steta) OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) 21a. INJURY OCCURRED (Year) (Hour) While Not while at work et work 22. I hereby certify that I attended the deceased from... .M. from the causes and on the date stated above. and that death occurred SIGNATURE ADDRESS (Street city, to stafe) DATE SIGNED LOCATION (City, town, or county). BURIA CREMATION, DATE THEREO NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR MAY DATE

MARY LAND STATE OFFICE OF PRACTICAL STATE OF ALTHOUGH, 18 SUPPLIER OF DEATH A CHARLES AND A SECOND STREET, SALES AND A SECON

Reg. Dist. N	0	6	0	()	9
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	PLACE OF DEATH o. COUNTY			AAAD	YLAND	2. USUAL RESIDE	NCE (Where d	deceased	lived. If institution b. COUNTY		nce befo	re admis	iion)
	Prince Geo					Md.			Princ		-		
	b. CITY OR TOWN (If RURAL and give nec	arest tawn)		c. LENGTH OF STAY	IN 1b	OF		e corpore	ote limits, write R	URAL ond	give nec	rest faw	n)
-	d. NAME OF HOSPITA	t (If not in bounital or	ilion admond	- dd1			rdale					16 050	IDENICE
	OK INSTITUTION					d. STREET ADI	DKC22	1.04				e. IS RES	FARM?
	Eugene Lel	and Memori	al Ho	ospital		5874 00	intaha	St				YES [NO D
3.	NAME OF	Fir	st	Middle		Lost	4. [DATE	Mon	th	Da	у	Yeor
L	(Type or print)	harles	0	F. 1	Doughe	erty		OF DEATH	May		1	7	19 58
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRI	IED [8.	DATE OF BIRTH		5	P. AGE (In years lost birthday)				ER 24 HRS.
	Male	ToT	WIDOWE	DIVORCE	ED 🔲	3-71-72			86 yrs.	Months	Doys	Hours	Min.
	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUSTR		E (Stote or fo	reign cou		12. CI	TIZEN O	F WHAT	COUNTRY
	during most of worki	ng life, even if retired)			Md.							
-	Retired										US	A	
113.	FATHER'S NAME					14. MOTHER'S M	AIDEN NAME						
1	2					Marv	?						
	WAS DECEASED EVER			SOCIAL SECURITY NO). 17. INF	ORMANT			Add	ress			
L	n, no, or onenown	f yes, give war or dates of s	divice)			Hospita	l reco	rds	River	rdale	e, M	d.	
	Canditians, if an gave rise to im cause (a), stating to lying cause lost.	he <u>under-</u>	24	00		uler le					e de	gill	Toyr
CATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	EATH BUT N	OT RELATED TO T	HE TERMINAL	DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFC	RMED?
CERTIFI	(IF EITHER, NOTIFY A			CRIBE HOW INJURY C									
MEDICAL	Hour a.m.	Month, Doy, Ye	While	NJURY OCCURRED Not while t at work	20e. PLAC focto	E OF INJURY (Ho ry, street, office b	ome, farm, 20 oldg., etc.)	Of. (City	or town)		(County)		(Stote)
	21. I certify the alive on 5-2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceas , 195	ed from 5 -		, 19.57, accurred at	11-AM	, from	the causes ceet, city or town,	nd on		te state	
22	BURIAL, CREMATION REMOVAL (Specify) BULLAT	May 19,		22c. NAME OF CEM		CREMATORY n Cemete			on (City, town, omar Man			(Stot	'e)
23	FUNERAL DIRECTOR'S			ADDRESS			4o. REC'D BY					RF.	
1	F		Sons	. Hvattsvi	ille.		DATE MAY 2		1 ()	/	uen		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 er this certificate has been signed by the attending physician and campletely filled in by the fur I for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. ed for use as the burial-transit permit. may be retained by the b TO FUNERAL DIRECTO: page 3 should be detach VS A1S (4) 1SM 9/55

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FOR STATE HEALTH DEPT.

for your be retained for y the State Board with 50 Page with form PM3. Office along ner's Office ale pending in p D 00 pasa Chief Medical E S. 5 Forwarde DIRECTOR: designoted

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (It outside carparate limits, write RURAN C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) dENAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO TH NAME OF 4. DATE Middle Month Year DECEASED (Type or print) DEATH 7. MARRIED T NEVER MARRIED 8. DATE OF BIR 5. SEX 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS Months Hours WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life even if resized) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 15. FATHER'S NAME INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per interfor (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoling the underlying cause lost. PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? aro NOF 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter poure of injury in Part 1 or Part It of item 18.) Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) 16 While 19 of work at work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection 4 Inquiry T and in my Accident . Suicide , Hamicide , Undetermined manner apinion death resulted from: Natural causes . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMENER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMEYERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

the beautiful to see the little partition of Call the American State of the Control of the Contr MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6926

CERTIFICATE OF DEATH

07133

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Pr	ince George		MARYLAN	2. USUAL RE o. STATE	arylan	ere deceased d	lived. If institution b. COUNTY				
b. CITY OR TOWN RURAL and give Chever		ls, write	c. LENGTH OF STAY IN 1 12 Days	XI D	R TOWN (If o	utside corpor	ote limits, write R	URAL ond		crest tow	n)
OR INSTITUTION	George Gene		oddress)		ADDRESS			~ ~ &	4	ON	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Robert		Middle D.	_	unn	4. DATE OF DEATH	Mon		Do	•	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	D DIVORCED				9. AGE (In years last birthdoy) 78 yrs.	IF UNDER	Days		ER 24 HRS. Min.
10a. USUAL OCCUPAT	ION (Give kind of work or brking life, even if retired		rment Indu	stry R	_		untry)	12. CI		S.A	COUNTRY
	F. Duni VER IN U. S. ARMED FOR Off yes, give war or dates of si	CES? 16.		Ma 7. INFORMANT Barbara	ry 01		Addr	ess (d			
PART I. DE 191,3 Conditions, if gove rise to cause (o), stoling lying cause lost	immediate DUE TO		BPist Carcin	ho po	hyps	nhoci	a Ri	<u> </u>	i i	and and	COST
CATIO	6	do	ONTRIBUTING TO DEATH NOTE TRIBE HOW INJURY OCCU	roscle	ore.			EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY PRMED?
20c. TIME OF INJU Hour o. m. p. m.	19	or 20d. IN While of work	Nat while of wark	PLACE OF INJURY foctory, street, off	f (Home, form, ice bldg., etc.	20f. (City	or town)		County)		(Stote)
alive an	that I attended the	195	S.,, and that dec		1.8:15	PM, fram	the causes a cet, city or town.	nd an t	he da	te stal	deceased ed abave. ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify Burial 23. FUNERAL DIRECTO)	June	f 4-58	22c. NAME OF CEMETER Glenwood ADDRESS		ry	Was	ON (City, lown, o	D.	C.	(Stot	e)
		1.21	2 GD ATTO	NT LT		JUN 1 1		U R	Buc	h	

Poge 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: pitol or ottending physician. For this certificate has been signed by the attending physician and campletely filled in by the fun for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 should cremation, or removal, and in any event within 72 hours after death. page 3 should be detached the registrar priar to buriol, may be retained by the 1 VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6985 CERTIFICATE OF DEATH

Reg. Dist. No.

06011

		00					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Prin	ce George's		MARYLANI	2. USUAL RESIDENCE (V	Where decease	ed lived. If institution b. COUNTY	Pr. Ge	before admiss	ion)
b. CITY OR TOWN (RURAL and give n	If autside corporate limit		c. LENGTH OF STAY IN 11		f autside corp	orate limits, write R	URAL and giv	e nearest tawr	1)
d. NAME OF HOSPI	TAL (If not in hospitol, gi Brinkley Ro	ad S	oddress)	d. STREET ADDRESS 7267 - Br	inkley	Road S.E	•		SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	SARAH		JANE Middle	'ARRELL	4. DATE OF DEATH	May 12t			Yeor 19 58
s. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED	B. DATE OF BIRTH April 6- 18	72	9. AGE (In years lost birthdoy) 86 yrs.		YEAR IF UNDI	ER 24 HRS. Min.
Housewif	king life, even if retired)		KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Sto England.		country)	12. CITIZE	EN OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
William B	radley			Elizabeth	?	THE PER			
15. WAS DECEASED EVI (Yes, no. or unknown)	R IN U. S. ARMED FORG		SOCIAL SECURITY NO. 17	. INFORMANT		Addr	ess		
			J	loseph W. Farr	ell (Son) Sa	me as	# 2.	
20a. ACCIDENT W. OR CONTRIBUTING	mmediote the under. CC) DUE TO (C) HER SIGNIFICANT CONI AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	ONTRIBUTING TO DEATH E	TASCULOW COLLUMN SUT NOT RELATED TO THE TER RRED. (Enter nature of injury i	MINAL DISEA	SE CONDITION GIV	EN IN PART 1	S G S (o) 19. WAS, PERFO YES	RMED?
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Yea	While of work	Not while	PLACE OF INJURY (Home, fa foctory, street, office bldg., e	rm, 20f. (Cil	ly or town)	(Cou	inty)	(Stote)
ACTUAL SIGNATURE	ALFRED R. L	_, 18S	21-4	th accurred at G	M, fro	4 4 4	nd on the		ed above
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	May 14-5		22c. NAME OF CEMETERY Washington			Ind, Mar		(Stot	e)
28. FUNERAL DIRECTOR	's signature	166; Wasi	- Good Hope hington, D.C.	Road S TO N	C'D BY REGIS		TRAR'S SIGN	ATORE	

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LU. 30 C. No. B. J. G. WHEN TO		DURLEYSAN	1	00 4 -
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				a communicación La companya (20)

FOR STATE	Reg. Dist. No.
HEALTH DERT.	1 PLACE OF DEAM [2. USUAL RESIDENCE (Where degrased lived. If institution; Residence before admission)
2 d M	o. COUNTY Come Gorger MARYLAND O. STATE Many Count Prince Gorges
a la	
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
of of o	chavery (chay) comode Hills
ip 50 77	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
10 B 8	Truck Crocas Coneral Hospital 7320) Slicet Not. YES NO 1
orth ath	3. NAME OF Girst Middle Lost 4. DATE Month Doy Year
d Sylvan	OF TOURSE TOURS OF THE 10 19 58
t a c t	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE III you's IFUNDER 1YEAR IF UNDER 24 HRS.
5 PH 0 2	O to O de Mortins Days Hours Min.
P 5 50	Tamele white WIDOWED DIVORCED 10/13/1 5 yrs. 10/13/1
2 de o	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2000	wane Washingtone C. C. M. J.A.
2 6 8 6 M	13. FATHER'S NAME 1 14. MOTHER'S MAIDEN TAME
PAG S	Thulest w Falkner Grace La Fernier
e E o s	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.
S E E	(1 yes, give wor or dotes of service) - Hulet w. Lalkner Carmody Helle Me
a riti	
d in b	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
the old	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Joycenia Chausten
E 9 E 0	9/6.0 DUE TO
Deil Prr	Conditions, if any, which) (b) Chenging har - 2. Al Indiana
S S S S S S S S S S S S S S S S S S S	gove rise to immediate couse
c e o	(a), storing the underlying
os comi	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
Ex E	PERFORMED?
Col	YES NO V
de di	20a. EXTERNAL CAUSE WAS PORT PORT I of item 18.) PRIMARY For CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
M M M	CAUSE OF DEATH.
Shie o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, left octory, street, office bldg., etc.) While Not while Not while octory, street, office bldg., etc.)
500 5	Hour o. m. 3-25 1958 While Not while tockers, street, office blag, etc.) Carry Alls Po had
ago orio	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
9 0 0 e	apinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner
d a	ACTUAL DATE SIGNED
fort of other	SIGNATURE M.D. CHIEF MEDICAL EXAMINER
o de de	ASSISTANT MEDICAL EXAMINER []
des	NAME (TYPE) IN PS 1 10 VB DEPUTY MEDICAL EXAMINER BY MORE 10 1958
S S	220. BURIAL SEMATION, 228. DAYE THEREOF 225, NAME OF SEMETERY OR CREMATORY 220. LOCATION (649 town, or county) (State)
X X T	Burial 1/13/18 Scrungton rational arlington Val
. 2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF ADDRESS 246. REGISTRAR'S SIGNATURE
A15ME	The sale sons - Held land Vistal
5M 2/57	FILESCHO PS 14 Jacob Clark MAY 1 4 '58 Clark Special

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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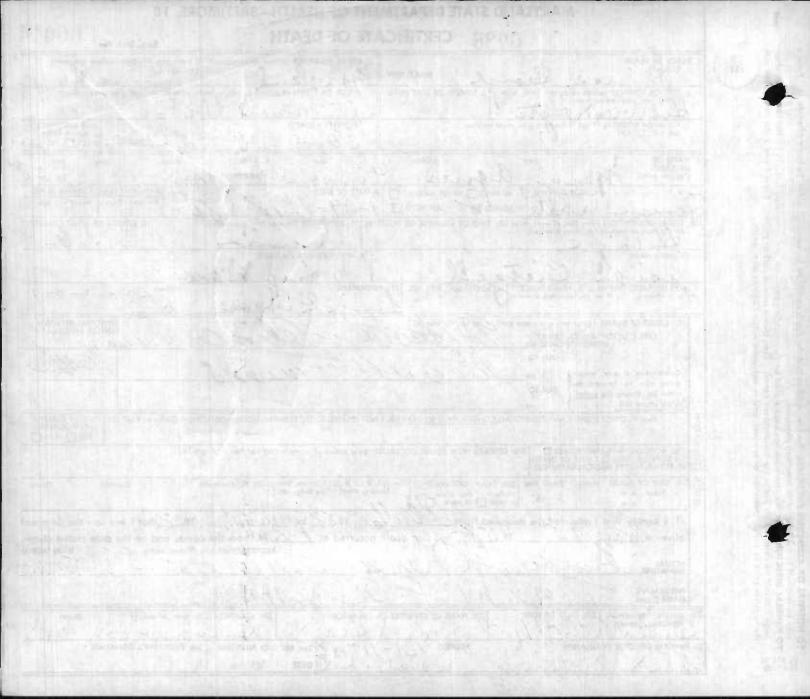
TO

(State)

DATE SIGNED

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				Day and Street	
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PLACE OF DEATH o. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
Prince Georges MARTIAN	a STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 10199 Riggs Road	d. STREET ADDRESS 10199 Riggs Road e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
NAME OF First Middle DECEASED (Type or print) IRENE KELLNER	GINSBERG 4. DATE Month Day Year Of DEATH May 5 19 58
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [Female White WIDOWED DIVORCED [B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost byrthdoy) Months Days Hours Min
b. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Registered Nurse	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kaufman Kellner	Augusta Price
is, no, or unknown) (If yes, give wor or dates of service)	17. INFORMANT Address
No	Samuel B. Ginsberg - 10199 Riggs Rd., Adelphi,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate costs (a), stating the under-lying couse lost. Conditions, if ony, which gove rise to immediate costs (b). Conditions, if ony, which gove rise to immediate costs (c).	Carcinomatosis ONSET AND DEATH 24 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 While Not while of work 10 to work	e. PLACE OF INJURY (Home, form, form, foctory, street, office bldg., etc.) (County) (Stote
ACTUAL RUBONES	ath accurred at 7 G.M. fram the causes and an the date stated above ADDRESS (Street, city or town, stote) M.D. 25/3 Bucklinge Ra
	adolphi. m.
PHYSICIAN'S R. D. SALER, MD. BURINI, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	RYOR CREMATORY (22d. LOCATION (City, town, or county) (State)
NAME (Type) / , V. DALEK, 1910.	(older)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the stapital ar attending physician.

TO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician and campletely filled in by the fune director, page 3 shauld be detacted for use as the burial-transit person. Then please remaye carbon papers. Pages 1 and 2 should a filed with the registrar prior to burial, cremation, ar remayal, and have within 72 hours after death. transfer of the control of the content of the conte VS A1S (4) 15M 9/55

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ANARYSAND STATE DEVARINGUE OF HEALTH-BALLINGHE, TO

CERTIFICATE OF DEATH

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VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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0000	Keg, Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
	MARYLAND O. STATE WARRYLAND O. STATE WARRYLAND O. STATE WARRYLAND O. CHY OR TOWN W.
b. CITY OR TOWN (It outside corporate limits, write RUM) C. LENGTH	OF STAY IN 1b c. CITY OR TOWN (If outlide corporate limits, write NURAL and give nearest town)
Chevel 10	Days X Silver Hell
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give str.	eet address d. STREET ADDRESS, e. IS RESIDENCE ON A FARM?
5030 Silver Hell	Road 5030 Silver Hell Koad YES 10 D
3. NAME OF DECEASED	Middle Lost 4. DATE Month Doy Year
(Type or print) dellian	alleson DEATH Man 20 1958
5. SEX 6. COLOR OR RACE 7. MARRIED WEVE	
terrale while WIDOWED BD D	IVORCED DE COROT. 1868 89 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI during most of working life, even if retired)	INESS OR INDUSTRY 11. BIRT ACE (State or foreign country)
Trope	maryland U.S. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry he houte	m I rolelle I Tunting
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [You no, or enhoun] (If you give war or dates of service)	JRITY NO. 17. INFORMANT
00 1	William J. Norton Ardner Hell, he
18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), o	nd (c).] INTERVAL BETWEEN ONSET AND DEATH
PART 1, DEATH WAS CAUSED BY:	estine heart
702.0 DUE TO	
Conditions, if any, which gave rise to immediate cause (b)	cture of the fell - Inter teacheters
(o), stating the underlying DUE TO	D
couse lost, (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO
20g. EXTERNAL CAUSE WAS PRIMARY IF OF CONTRIBUTING CAUSE OF DESCRIBE HOW INJUITED CAUSE OF DESCRIPTION OF DESCRIPTIO	RY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
la l	siton a choir and fell a floor
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU	
₹ 100 - 5-11 12 0 of work 1 of wo	
21. I certify that I took charge of the remains de	escribed above, held on Autopsy , Inspection Inquiry ond in my
opinion death resulted from: Natural couses	, Accident , Suicide , Homicide , Undetermined monner
ACTUAL LO ()	DATE SIGNED
SIGNATURE CONTRACTOR TO	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
INAME (TYPE) AHES 1. 1001	DEPUTY MEDICAL EXAMINER & Mary 21, 1938
PEMOVE (Specify)	OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 3-24-58 Ced	as Hill Cometry Suitland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES	240. MEC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MAY 2 3 '58
"W. W. Mambers a Ine, 3.	DATE DATE

Christian Charles and Control of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince Georges COUNTY o. STATE MARYLAND Prince Georges Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) deoi Ed P 10 days Bladensburg Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Prince Georges General Hospital 5603 Tilden Rd. NAME OF KATHERINE 4. DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs DIVORCED 62 WIDOWED [7] April 1896 yrs. campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) HOUSEWIFE puo 13. FATNER'S NAME 14. MOTHER'S MAIDEN NAME physician \$0 certificate MINICK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 9 18. CAUSE OF DEATH [Enter only one couse per ling fgr (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO p Conditions, if ony, which gned (b) gove rise to immediate DUE TO couse (a), stoling the underlying couse lost. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Day, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) o. m While Not while of work of work 21. I certify that I ottended the deceased fram. 3, 19 58, that I last saw the deceased and that death occurred at J. A. M., from the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or town, stote) ACTUAL prior 3 should HOSPITAL PHYSICIAN'S FUNERAL William Rosson M D. NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) he 10 FUNERAL DIRECTOR'S SIGNATURE 240. REC'DERY REGISTRAR 246. REGISTRAR'S SIGNATURE

DATE

e. IS RESIDENCE

Hours

INTERVAL RETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

> > (Stole)

DATE SIGNED

(Stote)

Day

ON A FARM?

YES NO D

Yeor

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

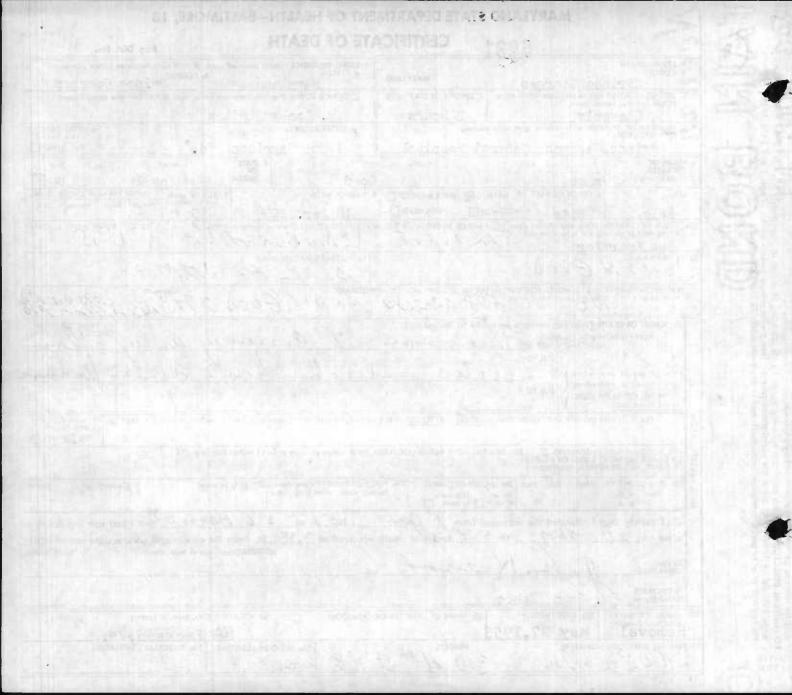
Reg. Dist. No.

06918

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Prince Georges MARYLAND	o. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 2 hours	X W. Lanham Hills
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	7746 Garrison Rd. YES NO
3. NAME OF PIECE SED First Middle	Last 4. DATE Month Day Year
(Type or print) James W	Good DEATH May 26 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	18 Apr. 1908 fost birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b KHND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Rus Operator RANS!	L'DINBURGE UA U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN M GOOD	ALICE ALISHMAN
	NFORMANT Address
(Yes, no. or unknown) (West give wor or dates of service) \$78-22-21+0	ANNIE GUOD 7745 GARRISON RS
18. CAUSE OF DEATH [Enter only one cause per light for (a), (b), and (c).]	INTERVAL ENTWEEN
PART I. DEATH WAS CAUSED BY:	Of Ownary Roles ONSET AND DEATH
4 20.0 IMMEDIATE CAUSE (of humbours	The discourse of the second
Conditions if any which)	losate for the desert the
gove rise to immediate	Leto be reser course your
couse (a), stating the under-	
(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES YES NO [
	D. (Enter nature of injury in Part f or Part II of item 18.)
20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED that is a second of the seco	ctary, street, affice bldg., etc.)
	100 1 . O . MAR C.Y
	1951, ta 3 6 MA7 19 5 that I last saw the deceased
alive on 16 77, and that death	occurred at 3, 154.M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNEE
ACTUAL OF IN OR OF	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE	M.D
PHYSICIAN'S NAME (Type) Or John Kehoe	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Removal May 27,1958	Mt Jackson Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
I I'm See of Sour 300 H to St	DATEMAY 2 8 '58 ROLL SULL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: may be retained by the TO FUNERAL DIRECTOR:

VS A15 (4) 15M 10/57



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OSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4	y be retained by the 20spital or attending physician.	UNERAL DIRECTOR: or this certificate has been signed by the attending physician and campletely filled in by the fund director.	e 3 shauld be detacted for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with	registrar prior to buriol, cremation, ar remayal, and in any event within 72 haurs after death.

	MARY	AND	STATE DEPA	RTM	ENT OF HEAL	TH-BA	ALTIM	ORE, 18	3		
		69	88 CERTI	FICA	ATE OF DEA	TH			Reg. Dist.	No.	06019
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece		If institution	Residence I	before	odmission)
	George's		MARY		Mar	yland					eorge's
b. CITY OR TOWN	N (If outside corporate limi e nearest town)	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside co	rporate lim	nits, write RUI	RAL and give	neare	est town)
В	Beltsville		2 wks.			Clage	tt Rd	Uni	versit	y 1	Park,
d. NAME OF HOS OR INSTITUTIO Eleven	SPITAL (If not in hospital, g Cedars Nursi	ive street ng H	oddress) OME	188	/d. STREET ADDRES 4325	s Clage	tt Rd				IS RESIDENCE ON A FARM? YES NO T
3. NAME OF DECEASED	Fir		Middle		Lost	4. DAT	_	Month		Day	Year
(Type or print)	Eliza		Hammet		Gordon	DEA		May		12,	19 58
5. SEX			HED NEVER MARRIE	-	B. DATE OF BIRTH	70/~	9. AGE		Months Do		F UNDER 24 HRS. Hours Min.
female	white	WIDOWI	- Lagrand			1,1867	9	O yrs.			
during most of y	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPLACE (S	lote or foreig	n country)				WHAT COUNTRY
In In	iousewife	C	wn home		wasning	gton D			US	A	
13. FATHER'S NAME					14. MOTHER'S MAIDI		V7 7.4				
	Charles G					nenia .	E. Mc				
(Yes, no, or unknown)	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. 18	NFORMANT			Addres	The state of the state of		
	1	10	none		Mrs. Virg	inia B	. Har	gett -	Unive	ers:	ity Park,
Conditions, if gove rise to couse (a), static lying couse la	ng the under-	C.	erebral art	terio	ry to suppu: osclerosis,	advan	ced				
D PART II. C	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TI	ERMINAL DISE	EASE COND	DITION GIVE	N IN PART 1(PERFORMED?
OR CONTRIBUTION	WAS UNDERLYING THE NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature of injury	in Port I or	Part II of it	lem 1B.)			
20c. TIME OF INJ Hour a. g	n. 10	While of wor	NJURY OCCURRED Not while at work	20e. PLA fac	ACE OF INJURY (Home, tory, street, office bldg.,	farm, 20f. (4	City or tow	n)	(Cou	nty)	(State)
21. I certify	that I attended the	deceas	co montana	pri		May					v the deceased
	11/8	10	wil	aeam	accurred at 2:20	ADDRESS	(Street, cit	ty or town, st		date	DATE SIGNED
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Wolcott L.	Etie	nne, M.D.			Berwy lege P		Md.			5/14/50
	TION, 22b. DATE THERECO	F	22c. NAME OF CEMI Arlingto					ity, town, or			(State)
23. FUNERAL DIRECTO	ors signature asch's Sons	Hya	ADDRESS attsville,	Md.		MAY 1	SISTRAR 9 '58	24b REGIST	PAR'S SIGN	/	

SERVING ATE OF DEATH F. THE LITCOUR DO PARTY . The same of the MULTIPLE STORY OF MEMORITY STORY The street of th The sale flower real average in the length of the best of the contract of the To reconstrain a reference no constraint a letter and THE WALL THE REPORT OF THE PROPERTY AND A PARTY OF THE PA the state of the contract of the state of th . The state of the And the second of the second o

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, execute the certificate the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director, a should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 6020

	-	-									
PLACE OF DEATH	61	132	, , , , , , , , , , , , , , , , , , ,	A SID	2. USUAL RESIDEN			ed lived. If instit b. COUNT	ry	_	sdmission)
	nce Georges			LAND		-	rland			Geo.	
b. CITY OR TOWN (If	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TO	NN (II	autside corp	oorale limits, write	RURAL ond	give nearest	flown)
Chever			D.O.A.		15 I	Ivat	tsvil	le			
	AL OR INSTITUTION (f not in hosp		55)	d. STREET ADDI	RESS	15				S RESIDENCE
Prince G	eorges Gene	ral H	ospital		6715 Q	leer.	is Cha	pel Road		YES	NO X
3. NAME OF DECEASED (Type or print)	Fire	it	Middle Sabina	0.	Lost		4. DATE OF DEATH	May	24	Day	Year 19 58
5. SEX	Frances	7 MARRIE	D NEVER MARRIE	-	PATE OF BIRTH			9. AGE (In years		TYEAR IF II	NDER 24 HRS.
		WIDOWED			Feb. 9 th	. 7	886	lost birthday) 72 yrs.		Days Hou	-
Female	White			-	Y 11 BIRTHPLACE	(Stote	or foreign o		12 CITI	ZEN OF WH	IAT COUNTRY
100. USUAL OCCUPATION during most of working Retired c		Un	iv. of Md.		Virg	inia	l.	•••••		U.S.A.	IXI COUNTRI
13. FATHER'S NAME					14. MOTHER'S MAI	DEN N	AME				
Charle	s Edw. Daig	ar			Marria	v Js	ne Al	len			
15. WAS DECEASED EV	and the same of th		SOCIAL SECURITY NO.	17. IN	FORMANT			Address			
No. No. er unknown)	(It yes, give war or dates of		77-22-1140		illis B. I	Hend	derson	; same a	ddress	s as #	2.
18. CAUSE OF DEA	TH Enter only one cou	se per line f	for (a), (b), and (c).							INTERVAL BE	ETWEEN
PART 1. DEA	TH WAS CAUSED BY:			-4	hand C	. 27.				CINSET AND	DEATH
11201	IMMEDIATE CAUSE (0)	A	cute conges	POTA	e near t 1	TTI	ще			-	
420,1	DUE TO										
Canditions, if a	ny, which) (b)	C	oronary atl	hero	sclerosis						
gave rise to imme											
(o), stoting the	underlying			3							
) (c) HER SIGNIFICANT CON		ardiovascu.		the second secon		THE RESERVE AND ADDRESS OF THE PARTY OF THE	CONDITION CI	VEAL IN LOAD	7.1/	AC AUTORCY
PART II, OTH	TER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEAT	H BUIN	OI KELATED TO THE	TERMIII	NAL DISEAS	E CONDITION GI	VEN IN FAR		REORMED?
3										YES [NO [
20g. EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCU	RRED. (E	nler nature of injury	in Part	f or Part 11	of item 18.}			
3 20c. TIME OF INJU	RY Month, Day, Yes	or 20d. I	NURY OCCURRED 2	Oe. PLAC	E OF INJURY (Hom	e, farm	20f. (City	ar fown)	(Cau	inty)	(State)
Hour a.m. p.m.	19	While			ry, street, affice bld						
21. I certify th	hat I taok charge	af the r	emains describe	d aba	ve, held an Au	topsy	/ XX, II	spection 🗖	Inquir	y 😿 .	and in my
	resulted fram:			-		-		promp.	ermined n	nanner [
1	1 -) /								p.a.	TE SIGNED
SIGNATURE	m V.Y	Male	men/		M.D. CHIEF MEDI	CAL EX	AMINER [DA	IE SIGNED
		7,5			ASSISTANT	MEDICA	AL EXAMINE	R 🔲			
EXAMINER'S NAME (T) pe)	ohn T. Malo	nev.	M _a D/		DEPUTY MEI	DICAL E	XAMINER	I May	24.	1958	
220. BURIAL, CREMATIC			22c. NAME OF CEMET	ERY OR	CERCOCHORY		22d. LOCA	TION (City, town,			State)
Burial (Specify)	May 27,		Fort Line	coln	Cemeter	y	Colm	2.0	r, Md.		,
23. FUNERAL DIRECTOR			ADDRESS		240	. REC'E	BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATURE	
F. Ga	sch8 s Son	s Hya	ttsville,	Md.	DA	TRAN	126 '5	8 000	1		



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FOR STATE
HEALTH DEPT.

MINER: This certificate should be executed within 24 hours after death. If any delay is necessary fiting the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral director. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your oge 3 should be used as a burial-transit permit. File pages Tand 2 with the State Board of prior to burial, cremation, or removal, and in any event within 72 burs after death. execute the certificol criting the 4 shauld be forward 5 the CP TO FUNERAL DIRECTOR: Page 3 s or its designated agent, prior to

VS. A15ME 5M 2/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06021

	SAAC							Keg, Dis	T, INO.	
PLACE OF DEATH	O. Mario	4		11			d lived. If institu	_	-	dmission)
	Prince George	8	MARYLAN	O. STAT	Maryl	and	b. COUNT	Pr.	Geo.	
	(Il outside corporate limits, write R	URAL C. LEN	GTH OF STAY IN 11	c. CITY	OR TOWN (II	f outside corp	prote limits, write	RURAL and	give nearest	town)
and give nearest tow	Rainier		5 years	16	Mount	Raini	er			
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hospital, gi		d, STRE	ET ADDRESS					S RESIDENCI
3108 Var	rnum Street				3108	Varnum	Street			NO P
3. NAME OF DECEASED (Type or print)	Thomas		Middle	Green	Losi	4. DATE OF DEATH	May Month	22	Doy	Yeor 19 58
S, SEX		MARRIED 1	NEVER MARRIED	8. DATE OF B			9. AGE (In years lost_bighday)	IF UNDER 1	-	NDER 24 HRS
Male	white	WIDOWED [DIVORCED [2-23	-1885		73 yrs.	Months D	ays Hou	rs Min.
Og. USUAL OCCUPAT during most of work Auditor	ION (Give kind of work do ing life, even if retired)		BUSINESS OR INDU			or foreign co		12. CITIZ	U.S.A	AT COUNTR
13. FATHER'S NAME				1	R'S MAIDEN					7-3-6
George S	Steuart Gre	en		Mar	garet	Whar	ton			
15. WAS DECEASED E	VER IN U. S. ARMED FORC		SECURITY NO. 17.	INFORMANT			Address		100	
ves	WW#1	vice)	E 30 A	Li	llian G	reen ;	same ad	dress	as #	2.
18. CAUSE OF DE	ATH [Enter only one couse	per line for (o),	(b), ond (c).]						INTERVAL BE	TWEEN
1 4 100 NO. 2 S. 100 C.	ATH WAS CAUSED BY:		Acute cons	restive	heart.	failur			ONSET AND	DEATH
111121	IMMEDIATE CAUSE (o)		touto ours	5050710			<u> </u>			
442X	DUE TO	138								
Conditions, if	ony, which) (b)		Cardiovaso	cular re	enal di	sease				
gave rise to imme	ediote cause									
(o), stoling the	underlying DUE TO									
couse lost.) (c)									
PART II, OT	THER SIGNIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART		
ĝ									YES	REFORMED?
PART II. OT	LISE WAS 206	DESCRIBE HOW	INJURY OCCURRED.	/Enter nature	distant in Rea	1.1 as fine 11 a	4 is 10 s		1123	1 110 2
PRIMARY OF CO	INTRIBUTING []	DESCRIBE HOW	INJURY OCCURRED.	Lines noine	or injury in rur	I I OF PORT II C	or Irem (e.)			
	•									
20c. TIME OF INJU	JRY Month, Doy, Yeor	20d. INJURY		LACE OF INJUI			or lown)	(Coun	ty)	(Stote)
Hour o. m.			Not while	actory, street, of	rrice blog., etc.	1				
									_	
21. I certify 1	hat I taak charge o	at the remain	is described at	pave, held	on Autops	y 🔲, In	spection 🔼,	Inquiry	3 2, (and in m
apinion death	resulted fram: No	atural causes	Accident	Suice Suice	cide [].	Hamicide	. Undete	rmined m	onner [7
/	1	^								
ACTUAL	1.1 -000	. //	./	Cun	E MEDICAL E				DAT	E SIGNED
SIGNATURE	Am JTI	avone	y	M.D. CHII	F MEDICAL E	AAMINER []		10.00		
EVALUEDIS /		/		ASSI	STANT MEDIC	AL EXAMINER				
EXAMINER'S // NAME (Type)	John T. Mai	loney, M.	D.	DEPL	JTY MEDICAL	EXAMINER K	May	22,]	L958	
20. BURIAL, CREMATI			AME OF CEMETERY O	OR CREMATORY	1	122d LOCATI	ON (City, town,			itote)
REMOVAL (Specify	y)				-		o. (eny, town,		(3	i didj
Burial	15/26/58			Nat'l	Cem.		ngton,	Virgi		
3. FUNERAL DIRECTO			DORESS		24a. REC'	D BY REGISTR	AR 24b. REGIS	STRAR'S STON	MATURE	
The S. H	H. Hines Co.	-Washin	ngton. D	. C.	DATERA	V 2 6 '5	B () 12	Lone	ch	

MEDICAL EXAMINER; S CERTIFICATE OF DESTIN

Manager Title

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. N. C. Maryanta of - . October 1981 . S. of .

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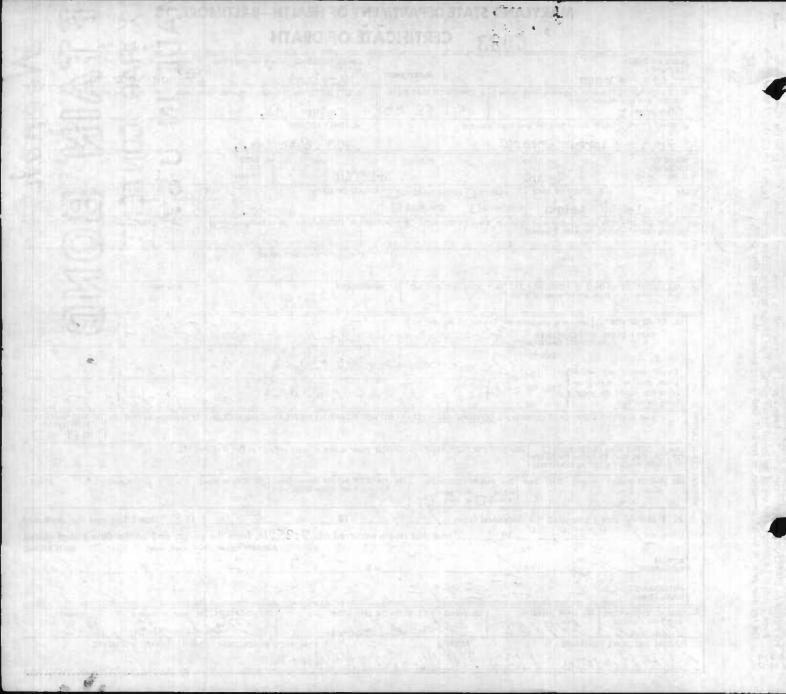
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AARY	LAND	STA	TE DEPA	RTMENT	OF	HEALTH-BALTIMORE, 18	3
A/P	Ttem	9 1	217mC22	9 6-2-58	3 0.		

CERTIFICATE OF DEATH

06022

		013	3 CLKIII	ICA	TE OF DEATH			Reg. Di	st. No.		
PLACE OF DEATH o. COUNTY Prince Geca	ges		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere decease	d lived. If institution b. COUNTY Prince	18	or get		an)
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If or	utside corpo			give near	est town	
Cheverly	uresi iowiij		5 H 55 N	/in	X Cedar Hgt	s.					
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				е	. IS RESI	DENCE FARM?
	eorges Gen	eral			900 6hth	Ave.				YES [
NAME OF DECEASED (Type or print)	fii Pear	st	Middle	Gr	Lost Lffin	4. DATE OF DEATH	Mon Mav		Day		ear 9 5
s. SEX			IED NEVER MARRIES		DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
Female	Negro	WIDOWE		_	Ann	rox.	lost birthdoy)	Months	Days	Hours	Min.
Oo. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State of			12. Cf	TIZEN OF	WHAT	COUNTR
during most of work	g me, even it temed					1					
3. FATHER'S NAME	V				14. MOTHER'S MAIDEN N	AME					
5. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addı	ess			
(Yes, no, or unknown)	If yes, give wor or dates of s	ervice									
Conditions, if ar gave rise to in cause (o), stoting t lying cause last.	the under-	1-	- yell	Cha	n' cerdi	> -(texenle	20	4 31	مو	,
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PAI		PERFOI YES	MED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in P	ort I ar Pa	rt II of item 18.)			7.3	
20c. TIME OF INJURY Haur a. m. p. m.	/ Month, Day, Ye	20d. It While at war	Not while	20e. PLA	CE OF INJURY (Hame, farm, pry, street, affice bldg., etc.)	20f. (Cit	y or tawn)	/	County)	•	(State)
21. I certify the	at attended the	decease	ed fram Pla	4	, 19, ta	140	195	.,that I	last sa	w the	decease
alive an	5-1-54	12	and that	death	accurred at 9:25	P.M. frai	m the causes o				
ACTUAL SIGNATURE	ed ?		elier	M			treet, city or town,		Ro	/ DA	TE SIGN
PHYSICIAN'S NAME (Type)	ec.	<u>E</u> †	IENNE		Co//e	7E	TA	3/	5.	4	1
Zo. BURIAL, CREMATION REMOVAL (Specify)	5/9/	58	22c. NAME OF CEME	LERY OR	auro	5	TION (City, town, o	glow	, /	(State)
3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1	240. REC'D	BY REGIS		STRAR'S SI	GNATUR	E	
WICHEBO	roon 1	122	- 1 de Wis	· 100	CAK WILL DATE MI	AY 12	'58 () 15	hil ad	11,7		



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary refease execute the certificate, riting the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. A should be forwarded the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Malth, at its designated agent, prior to burial, cremation, ar remayal, and is any event within 72 haurs after death. I

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VS. A15ME 5M 2/57

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER	S CERTIFICATE OF DEATH 06023
	Items 13 & 14. Film G229, 5/20/58	for Reg. Dist. No.
I PL	ACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
0.	COUNTY PAGE OF A GAMARYLAND	O. STATE D. COUNTY C
b	CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If gutside corporate limits, write RURAL and give ribrest lown)
	ad give reduced fown	C. CITT ON TOWN (IT QUISIGE corporate limits, write NORAL and give neprest lown) b
/	Visculaway 5 years	Viscataway
d.	NAME OF HOSSIAL OR INSTITUTION (III per in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
-	Jungali lood	twengeton load YES NOT
	AME OF First Middle	Lost 4. DATE Month Day Year
	(pe or print) alice Flarence	Grane DEATH DEATH 13 1958
5. SE)		8. DATE OF BIRTH 19. AGE IIA VOOD LIEUMDER LYEAR IF UNDER 24 HRS
17		306 1914 (ant birthday) Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	7.7
du	inp most of working life, even it retired)	10 + 100.0 0 1 4.5
10.0	Dousand om Home	Nestrict of themselve U. J. A
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unknown
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
	no	ulton Bluke, Groves, Dumeas #2
1	8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	A INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carelle Co	a sentino don trace
	444 X DUE TO Q	
	Conditions If you high	and a land a land and a land and a land and a land
	gove rise to immediate couse	selle formation
	o), stoling the underlying DUE TO	
1_ -	(c)	NOV PELATED TO THE PERMIT
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
12		YES NO E
LL P	00. EXTERNAL CAUSE WAS RIMARY 00 CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (AUSE OF DEATH.	Enter noture of injury in Port I or Part II of item 18.)
	AUSE OF DEATH.	
WEDICAL		ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
MED	Hour o, m, White Not white of work of work	ory, street, office biog., etc.)
	21. I certify that I took charge of the remains described obc	ove, held on Autopsy , Inspection , Inquiry , and in my
	pinion deoth resulted fram: Notural causes ID Accident	
	Accident	
	ACTUAL V	DATE SIGNED
1 1	SIGNATURE OF STATE OF	M.D. CHIEF MEDICAL EXAMINER
1.1	EXAMPRER'S 1	ASSISTANT MEDICAL EXAMINER
-	NAME (TYPE) JAMES L. DOVE	DEPUTY MEDICAL EXAMINER May 13, 1958
	BURIAL, CHEMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	IRIAL 5/15/1958 ARLINGTON N	ATIONAL CEMETERY ARLINGTON, VIRGINIA
23. FI	INERAL DIRECTOR'S SIGNATURE ADDRESS WASH.	D. C. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
A	MARTIN W. HYSONG COMPANY INC. 1300 N. ST	REET, N. W. DATE
		MAY 1-5 '58 Well-Leave.

MARIE A CANADA CONTRATA DA LA CANADA CANADA

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death:

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6990 CERTIFICATE OF DEATH

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Reg. Dist. No.

- 12		
	1. PLACE OF DEATH O. COUNTY Service Seo MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
	b. CUY OR TOWN (If outside corporate limits, write RIRAL and give procest town)	c. CITY OR TOWN Iff oulside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAV (if not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
	or institution - a - Resh Herrie	4509 Ill aue DILJ VES NO TO
	3. NAME OF DECEASED (Type or print) MARY VIRGINIA	HAMMERLY DATE Month Day Yeor OF DEATH Many 3 1958
	5. SEX Fernale Culute WIDOWED DIVORCED	8. DATE OF BIRTH P. AGE (In yeors lost birthdoy) G. AGE (In yeors lost birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wheatland Va USA
	13. FATHER'S NAME Welleam Blans	mary alder
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (If yes, give wor or dates of service)	Home E Hammerle 3805 394 St m
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Grebral a	Meriosclerosis, over 2 years
1	J J L- N DUE TO	
	Conditions, if ony, which gove rise to immediate (b)	
)	couse (o), stoting the under-	
4	, ()	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Level alized attrios level 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH If FITHER, NOTIFY MEDICAL EXAMINER!	PERFORMED? YES NO
- 1		D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p.m. 19 White of work of the p.m.	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. 216:	. 1956, to may 3 , 1958, that I last saw the deceased
	+0. ,1 VI)	accurred at 5 P. M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE Laura A Shuman	M.D. 1635 mass, ave, n.w.
	PHYSICIAN'S Louis H. Shuman, M.D.	Washington 6 DC
	BUTTLE MAY 6/958 CONSTRUCTION MAY 6/958 CONSTRUCTION	R CREMATORY 22d. (CCATION (City, Jown, accounty) (Stote)
	13. FUNERAL DIRECTOR'S SIGNATURE HEAVE 4812 JL	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
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15M 10/57

been signed by the transit permit. The oil, and it any event	or attending physician. is certificate has been signed by the use as the burial-transit permit. The matian, ar remaval, and it any event
vysician. been signed by the attending physician and camp -transit permit. Then please remove carbon paper oil, and ir any event within 72 hours after death.	or attending physician. is certificate has been signed by the attending physician and campletely filled in by the fund director, use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with matian, ar removal, and it any event within 72 haurs after death.
ysician. been signed by the attending physician a -transit permit. Then please remave carb rol, and in any event within 72 hours after	ding physician. are has been signed by the attending physician of burial-transit permit. Then please remove carb, remayel, and it any event within 72 haurs after remayel, and it are selected.
ysician. been signed by the attending ph -transit permit. Then please rem out, and ir any event within 72 ha	ding physicion. are has been signed by the attending phe burial-transit permit. Then please remit remayal, and it any event within 72 ha
ysicion. been signed by the otte transit permit. Then pl oil, and in any event wit	ding physician. ale has been signed by the atte e burial-transit permit. Then pl r remaval, and ir any event wit
been signed by transit permit. of, and ir any	ding physician. ate has been signed by e burial-transit permit. r remaval, and
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	ding ph ate has e burial r remav

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c COUNTY Marvland Prince Georges b. COUNTY MARYLAND Prince Georges b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Chevery Ma 2 Days Cheverly. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3807 58th Avnenue Prince Georges General Hospital YES NO TK 3. NAME OF DECEASED Middle 4. DATE 58 D Raymond Henderson (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days 8/24/13 Hours DIVORCED T Male WIDOWED | 44 yrs 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Planner USA. Government Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gilbert G Henderson Lottie M Hancock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Lillina E. Henderson Cheverly Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which) gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 26b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (Stole) Hour o. m. foctory, street, affice bldg., etc.) While Not while at wark at wark 21. I certify that I attended the deceased from. that I last sow the deceased 8:10 , and that death occurred at M, from the couses and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Lincoln Cemetery | Colmar Manor, May 10,1958 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gasch's Sons Hyattsville Maryland.

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			TO BE AND ADDRESS OF THE PARTY
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		July has been killing	The same of the sa

he ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funerable Medical Examiner's Office along with farm PM3. Page 5 may be retained should be used as a byrial-transit permit. File pages 1 and 2 with the State o burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

FOR STATE		6934					Reg. Dist. No	D.
HEALTH DEPT.	1. PLACE OF DEATH 6. COUNTY Pri	nce Georges	MARYLAND	2. USUAL RESIDENCE (NO. STATE India		ed lived. If institu b. COUNT		fore admission
(M)		(Il outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corp	porate limits, write	RURAL and give	nearest tawn)
of of other states	Che	verly	D.O.A.	India	napol	is	52 x.	3
ded for 3		TAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	East	36th Stre	et	e. IS PESIDE ON A FA YES NO
delay he fune retain ne State er death	3. NAME OF DECEASED (Type or print)	First	Middle	enricksen	4. DATE OF DEATH	May Month		Year 19 5 8
of the office of	5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR	IF UNDER 24
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	Female	white WIDOWS	DIVORCED [December 4,	1876	feet birthday) 81 yrs.	Months Days	Haurs Min
Page 5 Page 5 Page 5 Pand 2		FION (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State		auntry)		S.A.
2	13 FATHER'S NAME			14 MOTHER'S MAIDENLE	JAAAE.			

S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years feet bethody) Months Days Haurs Mile Months Days Haurs Miles Months Days Haurs Miles Months Day	Che	everly		D.O.A.		Indi	anapol	is	52	× .	3	
Prince Georges General Hospital 3. NAME OF BECEASED (Type or print) Minnie Coulter Henricksen 6. COLOR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED December 1, 1876 81 yrs. Moonths Days Hours Minute 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 13. FATHER'S NAME John Henry Scholl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you or reduce of twice) 16. SOCIAL SECURITY NO. 17. RNFORMANT Address 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Acute congestive heart failure 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO-PERFORMEN 10. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Hem 18.)	d. NAME OF HOS	PITAL OR INSTITUTION	(If not in hosp	pilat, give street add	ress}	d. STREET ADDRESS						
3. NAME OF DECEASED (Type or print) Minnie Coulter Henricksen A. DATE DECEASED (Type or print) Minnie Coulter Henricksen A. DATE DECEASED (Type or print) Minnie Coulter Henricksen A. DATE DECEASED (Type or print) May A. DATE DECEASED (Type or print) May A. DATE DECEASED (Type or print) May A. DATE DECEASED (Type or print) Months Doy House Year Month Doy Month Doy House Year Month Doy House None 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) Tadiana U.S.A. 12. CITIZEN OF WHAT COL Tadiana U.S.A. 13. FATHER'S NAME James Bell S. WAS DECEASED EVER IN U. S. ARMED FORCES? Industry None 14. MOTHER'S MANDEN NAME Fances Bell S. WAS DECEASED EVER IN U. S. ARMED FORCES? No Listed Year Address James Coulter, thru Hines Funeral Home No Cardiovascular renal disease PART II, DEATH WAS CAUSED BY: MMEDIATE CAUSE OF DEATH Conditions, if ony, which gover itse to immediate couse (a), stoling, if ony, which gover itse to immediate couse (b), stoling the underlying Country (c). PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IT- PREFORME YES \[\text{NO.} NO. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IT- PERFORME YES \[\text{NO.} NO. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IT- PERFORME YES \[\text{NO.} NO. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	P	rince Georg	es_Gene	ral Hospi	tal	3463	East	36th Str	eet			
State Stat	3. NAME OF		-				4. DATE	-T		Day		Year
Female white WIDOWED DIVORCED December 4, 1876 81 yrs. Months Days Hours Min 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10. USUAL OCCUPATION (Give kind of work done during life, even if retired) NONE 11. BIRTHPLACE (State or foreign country) TINDIANA 12. CITIZEN OF WHAT COLUMN AND TINDIANA U.S.A. 13. FATHER'S NAME John Henry Scholl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give wor or delet of tervice) NO 16. SOCIAL SECURITY NO. 17. INFORMANT James Coulter, thru Hines Funeral Home. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: MAREDIATE CAUSE (o) LOUE TO Canditions, if any, which gave rise to immediate couse (e), stating the underlying couse lost. (b) Cardiovascular renal disease DUE TO (c) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTH PERFORMENT (c). THE BUTCH STATES AND DEATH (c). 19. WAS AUTH PERFORMENT (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTH PERFORMENT (c). THE BUTCH STATES AND DEATH (c). THE BUTCH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTH PERFORMENT (c). THE BUTCH STATES AND DEATH (c). THE BU		Minnie	Cou	lter	Her	nricksen		May	. 6	th		1958
Temple White WIDOWED Divorced December 1, 1876 81 yrs. Month Doly	5. SEX	6. COLOR OR RAC	7. MARRIE	D NEVER MARR	1ED 8. E	DATE OF BIRTH		9. AGE (In years	IFUNDI	ER TYEAR	IF UNE	ER 24 HR
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) NONE 13. FATHER'S NAME John Henry Scholl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (19 yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT James Coulter, thru Hines Funeral Home. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE (a) LUSSA. 14. MOTHER'S MADDEN NAME F ances Bell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (19 yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT James Coulter, thru Hines Funeral Home. INSERTAND DEATH Canditions, if any, which gove rise to immediate course (a), stelling the underlying cause last. (b) Cardiovascular renal disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORS (AUSE OF DEATH) PERFORMS PERFORMS PERFORMS PERFORMS PERFORMS PERFORMS PERFORMS OCCURRED. (Enter noture of injury in Part 1 or Part II of Hem 18.)	Female	white	WIDOWED	DIVORCE	0 0 1	December lu	1876	0.00		Days	Haurs	Min.
None 13. FATHER'S NAME John Henry Scholl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, one, or unharm) (If yes, one	100. USUAL OCCUPA	ATION (Give kind of wor	k done 10b. K	IND OF BUSINESS C					12. C	ITIZEN C	F WHAT	COUNTR
John Henry Scholl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (e), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTE PERFORME YES NO. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of Item 18.)	4.5	rking life, even if retired)			Indian	18			U.	S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? I6. SOCIAL SECURITY NO. 17. INFORMANT Address NO					1							
The content of the	John	n Henry Sch	oll		1	F_ar	nces Be					
No James Coulter, thru Hines Funeral Home.				SOCIAL SECURITY N	O. 17. INF	ORMANT		Address	\$			0
The course of DEATH Enter only one cause per line for (o), (b), and (c).		(ir yes, give wor or dates	or service)		Jar	mes Coulter	r, thru	Hines F	unera	al He	me.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure 442 × DUE TO Conditions, if any, which (b) Governse to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO 200. EXTERNAL CAUSE WAS PRIMARY (a) or CONTRIBUTING (C) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of Item 18.)	18. CAUSE OF D	EATH [Enter only one c	ause per line l	for (o), (b), and (c).						INT	RVAL BETW	TEEN
Canditions, if any, which gove rise to immediate couse (a), stating the underlying (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO PERFORME YES NO. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port 1 or Part II of Item 18.)	PART I. D			Acute co	ngest	ive heart	failure			ON:	SET AND DE	ATH
Conditions, if any, which gove rise to immediate couse (e), stating the underlying (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO NOT PERFORME YES NOT PRIMARY OF CONTRIBUTING CONTRIBUTION	111127											
gave rise to immediate cause (e), stating the underlying (c), PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of Item 18.)	, , ,	4144		Cardiova	scular	r renal dis	sease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NOT	gave rise to imi	mediate cause										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NOT		underlying										
PERFORME YES NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enlor noture of injury in Port 1 or Port II of Item 18.)				INTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PA	ART 1(a)	19. WAS	AUTOPSY
	0									(0)	PERFC	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, affice bidg., etc.) (Caunty) (S	200. EXTERNAL OF PRIMARY OF CAUSE OF DEAT	CONTRIBUTING [20b. DESCRIBE	HOW INJURY OCC	URRED. (Enl	er noture of injury in P	art t or Part I	f of Item 18.)				
Hour a. m. While Nat while foctory, street, affice bldg., etc.)	3 20c. TIME OF IN	IJURY Month, Day, Y	ear 20d. I	NJURY OCCURRED				ly or town)	(0	ounly)		(State)
p. m. 19 at work at work	Hour a.				roctory	y, street, attice biog., e	nc.)					
					ed obove	e. held on Autor	nsv 🗆	Inspection 🖼	Inqu	iry 5) ar	nd in my
opinion death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner								-		, load	-	o in in
A A Colored Course Maintenance II, Maintenance III, Milderennines Indinner II	opinion dedi	A /	14010101	Ouses [A], Act	Cideiii _	j, Soicide [,	Holmeton	e [], Olideli	ermned	mann	eı 🗀	
ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGN		() als 5	and.	Vonce		CHIEF MEDICAL	EYAMINER (1			DATE	SIGNED
SIGNATURE M.D. CHIEF MEDICAL EXAMINER []	SIGNATURE	John O	-Mia	world		M.D.	-					
EXAMINER'S		7.1 -							, ,	050		
NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER May 6, 1958					FYFRY OF C			11-3				
22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Removal 5/6/58 22c. NAME OF CEMETERY OR CREMATORY Bunnell Cameters Frankfort. Indiana	REMOVAL (Spec	ify) - 11 1-10	3						_			(0)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE					- cem	9 LOTY 240. RE			-			
The S. H. Hines Co2901 14th St. N.W. DATE MAY 7'58 Collection	The S.	H. Hines			St.	N.W.		0	fed	uch		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6991 CERTIFICATE OF DEATH

06027

Rea. Dist. Na.

1. PLACE OF DEATH o. COUNTYPrince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE D. C	ere deceased lived. If institution: Reside b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural)	of STAY IN 16 mos		utside corporate limits, write RURAL and ington 47	give nearest town)
d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION	- C 49.7P	d. STREET ADDRESS		e. IS RESIDENCE
Glenn Dale Hospital		2122 Mass.	, Avenue, N.W.	YES NO
3. NAME OF DECEASED (Type or print) JEREMIAH	Middle	HENRY	4. DATE Month OF DEATH May	Doy Yeor 27, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
Male Negro WIDOWED	DIVORCED	3/31/1905	lost birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
House Servant Lodge Ho	otel	French Wes	t Indies In	known
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		1110.111
Joshua James		Ida Bertha	Henry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. H	FORMANT	Address	
No - 578-38-	3242	Decedent	-	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost. (b) Pulmonary DUE TO (c)	y hemorrh	losis		INTERVAL BETWEEN ONSET AND DEATH 1 day 6 yrs.,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION Sarcoidosis 20d. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO
	INJURY OCCURRED). (Enter nature of injury in Pe	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU. Hour o. jt. p. m. 19 While Not we of work at work	hile fac	CE OF INJURY (Home, form, Pory, street, office bldg., etc.)	20f. (City or town)	County) (Stote)
21. I certify that I attended the deceased from olive on 126, 1258, a ACTUAL SIGNATURE Moe Weiss, M. D.	nd that death	occurred of 2+20A	May 27, 195 8, that I M. from the couses and on the DDRESS (Street, city or town, state) in Dale Hospital	last saw the deceased the dote stated above DATE SIGNED 5/27/58
220 RUPIAL CREMATION, 22b. DATE THEREOF 22c. NAME CONTROL (Specify)	OF CEMETERY OF		22d. LOCATION (City, town, or county)	"A (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE	1 - 3	240. REC'D	BY REGISTRAR 246. REGISTRAR'S SH	/

(BATTELE ! A STATE OF THE STA

director, filed with Poge 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after degrib, may be retained by the spital or attending physician. TO FUNERAL DIRECTION the this certificate has been signed by the attending physician and completely filled in by the function page 3 should be detacfied for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6092 **CERTIFICATE OF DEATH**

Reg. Dist. No.

06928

NO

1,	PLACE OF DEATH		2. USUAL RESIDE	NCE (Where decease		Residence befo	ore admission)
	O. COUNTY PR. GEORGES	O. STATE NIARYLAND b. COUNTY PR. LEOREE'S					
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	prote limits, write RU	RAL and give ne	arest town)
	RURAL and give nearest town)	5 MOS	XN/16HI	VAN PK.	HILLS		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET AD	DRESS - #			e. IS RESIDENCE ON A FARM?
	5402 - 14 TH PL.		5402	-14 D	4,		YES NO NO
3.	NAME OF First	Middle	Lost	4. DATE OF	Month	De	ay Year
	(Type or print) ANNA	PAULINE	= 11166	DEATH	MA	y 8	1958
5.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	2		Months Days	
	FEMALE WHITH WIDOW	ED DIVORCED	041.23	1879	78 yrs.	Months Days	Hours Min.
10	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLA	CE (State or foreign o	country) MD	1	OF WHAT COUNTRY?
<u> L</u>	HOUSEWIFE	AT HOME	ST	MARY'S	COUNTY	US,	A
13	FATHER'S NAME		14. MOTHER'S A	_			
L	ALFRED HIGGS			HERINE	WEL.	/ /	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es, no. or unknown) {If yes, give wor or dates of service}		INFORMANT				14 Z# PL.
	NO NO	NONE	MRS, KA	THERINE	HUNTER	MICHIE	AN PK. HILS
	18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).]	0			INT	SEJ AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	securomo	e Par	Melieas			6-monll
	151X DUE TO						
	Conditions, if ony, which) (b)						
	gove rise to immediate couse (a), stating the under-						3
-	lying couse lost. (c)					1	
Į Š	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	HE TERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1(o)	PERFORMED?
N N		Color Move Interest of Color	NEO. 45				YES NO
CERTIFICATION		SCRIBE HOW INJURY OCCURR	RED. (Enter nature of	injury in Port I or Pol	if If of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I	I I	PLACE OF INJURY (He	ome, form, 20f. (Cit	y or town)	(County)) (Stote)
MED	Hour e. m. p. m. 19 of wer	HOL WHILE	octory, street, office	olog., elc.)			
	21. I certify that I attended the decease	sed from Vol II	6 . 1950	to ma	u 8 1958	that I last s	aw the deceased
	alive on may 8 . 195	11 11	th accurred at_				ate stated above
	· MAA	12 01			treet, city or town, s		DAJE SIGNED
	SIGNATURE JULIANO CAMA	lier to	M.D. 180	- Sye	et no	11	379/58
			. Les	000.	1		7
L	PHYSICIAN'S C. WILLARD CA	MAHIERJY	. Wa	sh, 6,	D.C.		
2	O BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY			TION (City, town, or	county)	(Stote)
L	3-17-38	CHRIST CHUI	RCH CEMET	ARY CH.	APILO		VIII
1	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		240. REC'D BY REGIS		RAR'S SIGNATU	IRE
	W. W. CHAMBERS CO. 1	PIVERDALE	MD	DATE MAY 1 2	'58 LL	in eauer	4

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VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the spiral or attending physician.

TO FUNERAL DIRECTOR her this certificate has been signed by the ottending physician and completely filled in by the further director. DEUNERAL DIRECTOR The this certificate has been signed by the ottending physicion and completely filled in by the fundage 3 should be detached for use as the burial-transit permit. Then please remover-carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hadrs after death.

VS A15 (4) 15M 9/55

		30						Keg. Disi	7. NO.	
1. PLACE OF DEATH o. COUNTY Prince	George		MARYLA	UND	2. USUAL RESIDENCE (WOOD, STATE	here deceased	h COUNTY		e belare admi	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside corpor				
Laurel	orest town)				X Rural -	Laurel				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
	eneral Hosy		, Inc.						YES] 40 1
3. NAME OF DECEASED (Type or print)	Be:	sie	Middle		Hill	4. DATE OF DEATH	May	th	Day 22	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UN	
Female	White	WIDOWE	DIVORCED		Dec.10, 188	7	70 ym.	Months I	Doys Hour	Min.
Housewi	ing life, even it retired)	lone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (S1010)	ton	D.C.		S.A.	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Columbu	s Brashears				Susan Fle	tcher				
no	If yes, give war or dates of so	rrvice)	SOCIAL SECURITY NO.	17. 14	urns Hi	il	Laur	el	ma	(
	TH [Enter only one co TH WAS CAUSED BY:	use per lir	ne for (a), (b), and (c).]						ONSET AN	
I GO	IMMEDIATE CAUSE (o		cute Cardia			44				
199,00	DUE TO		generalize	d c	arcenoma					
Conditions, if o										
couse (o), stoting	L DILE TO								275	
lying couse lost.) (c								1	
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED). (Enter noture of injury in	Port i ar Part	il of item 18.)	J.		H'S
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While of wor	Nat while	Oe. PLA	CE OF INJURY Home, farm lary, street, office bldg., etc	n, 20f. (City	or fown)	(C	ounty)	(State)
21. I certify th	at) attended the	deceas	ed from.		, 195 Cho	5/2	2 , 1935	That I la	ast saw the	e decease
alive on	721	1955	Sand that d	leath	accurred at \$30	AM, fram				
	10 1	1	3)				eet, city or town,			DATE SIGNE
ACTUAL SIGNATURE	5/	-6	Var	2	i.o.		~~~~~~			
PHYSICIAN'S NAME (Type)	B. P. Wa	rren,	M. D., 3	05	Prince George	e St.,	Laurel,	Maryl	and	
220. BURIAL, CREMATIO REMOVAL (Specily)		195	22c. NAME OF CEMETI	LL C	Cemetery	22d. LOCAT	ION (City, town, o	Mar.	(SI	ole) end
23. FUNERAL DIRECTOR	& SIGNATURE	len	ADDRESS	/	my DATE	D BY REGISTI	RAR 24b. REGIS	STRAR'S SIG	NATURE	
	1001		7	-		UNZ		10111	11/2	

MARYLAND STATEDERARDMENT OF HEALTH-SALTINORE, I B HTASO ROLEYADHIS RED IN THE INTE 11811. 6 4 PT SUCK (400 a - 140 a

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6993 CERTIFICATE OF DEATH

Reg. Dist. No. (16031)

1. PLACE OF DEATH O. COUNTY Prince Georges: MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY from Survey
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION C234 MARLBARE PIKE	6234 Marlboro Pike e. Is RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) CHARLES C	HOILE 4. DATE Month Day Year DEATH 5 - 2 /- 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Wish Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY MARVLAND 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVERTIN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or doles of service) 577-48-2333	HERIDAN HOILE & 256 Marlboro Pik
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of Kidney with metastses. Interval Between onset and Death
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause last. DUE TO (b) DUE TO (c)	- Cell C A of Kidney) 6thos.
None	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to twork to twork to two two two two two two two two two	LACE OF INJURY (Home, farm, clary, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased fram	ADDRESS (Street, city or town, stote)
220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY O	(51010)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. W. Chambers Co. Inc Washington	ONAL Washington, D. E. J. 240. RECTIFICATE 240. RECTIFICATION OF DATE

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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4

		. O, CERTIFIC	AIL O. DEAIL		Reg. Dist. N	0.
P	Prince Georges rince Georges	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl	here deceased lived. If instituti b. COUNTY		fore admission) ce Georges
b. CITY OR TOWN RURAL ond give r		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R Manor	URAL and give n	earest town)
	ITAL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS	nce Street		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Esther	Middle C.	Holmes	4. DATE Mor OF DEATH MAY	10,	19 58
Female	White wood	ARRIED NEVER MARRIED DWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) yrs.	Months Days	
floa. USUAL OCCUPATI during most of wo	ION (Give kind of work done It rking life, even if retired)	0b. KIND OF BUSINESS OR INDI	Williams	port, Pa	12. CITIZEN	S.
	Zwisle		14. MOTHER'S MAIDEN I			
		16. SOCIAL SECURITY NO. 17. 042-10-4621	INFORMANT George M. Hol	1327 LAN	rence St	
PART I. DE.	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	c line for (o), (b), and (c).] Coronary Occlus	sion		10	TERVAL BETWEEN NSET AND DEATH Sudden
Conditions, if a gove rise to cause (o), stoting lying couse lost.	the under-	Coronary Heart 1	Disease			l year
_		NS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING 20b. C G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	Wh		PLACE OF INJURY (Home, farm actory, street, office bldg., etc		(County	y) (Stote)
	hat I oftended the dece Nav 2	cased from March 27 258 , and that deat	h occurred at 4:35	AM, from the couses of ADDRESS (Street, city or town, I. Ave., Takoma	and an the di	saw the decease ate stated abave DATE SIGNE Md. 5/10/5
PHYSICIAN'S NAME (Type)	Thomas J. Kell					
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON. 226. DATE THEREOF 5/11/58	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, Williamsport		(State)
220. BURIAL, CREMATIC REMOYAL (Specify	ON. 22b. DATE THEREOF 5/11/58 R'S SIGNATURE 2525	22c. NAME OF CEMETERY OF WILDWOOD ADDRESS BLADENS BLADENS RO		Williamsport		URE,

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VS A15 (4) 15M 10/57 M

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MARYLAND ST	TATE DEPARTMENT OF	HEALTH-BALTIMORE, 18	1
6720	CERTIFICATE OF	DEATH	

			5731	S CERTI	FIC	ATE OF DEA	TH	44.7	Reg. Dist. I	10.0 G	132
0	rince Geo:	rges		MARY	LAND	2. USUAL RESIDENCE o. STATE Maryland		b. COUNTY	C		sion)
Ь	. CITY OR TOWN (IF	autside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside cor	porate limits, write R			n)
0	RURAL and give ned	irest town)		17 Day		15 Hyattsvi					
C	OR INSTITUTION	L (If not in hospital, g	ive street	oddress)	-	d. STREET ADDRESS				e. IS RES	IDENCE
	T . 11	orges Gene	ral			5626 E	lberto	m D1			FARM?
3. N	IAME OF	Fir		Middle		Last	4. DATI	Mon	th	Doy	Year
	FCEASED Type or print)	Home	r	Lea		Hughes	101		v 27		19 58
5. \$	EX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIE	0 🗆	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		
	Male	White	WIDOWE	D DIVORCE		23 June 1	901	lost birthday) 56 yrs.	Months Day	s Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (S			12. CITIZEN	OF WHAT	COUNTRY
S	alesman	Monumer		Life Ins	. Co	Md.			1	U.S.	A .
13. 1	ATHER'S NAME					14. MOTHER'S MAIDE	N NAME		197		
1	Homer L.	Hughes				Jane	Gray				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT	13.3	Add	es Hvat	tsvi	lle.M
	no	no			Mr	s.Anna Ho	ward !	Hughes,5	626 E	bert	on Pl
7	PART I. DEAT Canditians, if an gave rise to im cause (a), stating to lying cause lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate the under- (b)	# >>>	perferses	t	Hyperlea	enote	Cardion	uscula	NTERVAL BE	DEATH
CERTIFICATION	490X	ER SIGNIFICANT CON	DITIONS C	Libras Libras	TH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE CONDITION GIV	EN IN PART 1(o	PERFC	AUTOPSY PRMED?
	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OF	CCUME	D. (Enter nature of injury	in Part I or F	ort II of item 18.)			
MEDICAL	20c. TIME OF INJURY Havr a. m. p. m.	Manth, Day, Yes	20d. IN While at work	IJURY OCCURRED Not while of work	20e. PL fo	ACE OF INJURY (Home, force), street, affice bldg.,	form, 20f. (C	lity or town)	(Coun	¹ y)	(State)
220.	actual	at lattended the	9/0 0. Re	201	M	20.5304 Ann	ADDRESS Dapol	am the causes of (Street, city or town, Ls Rd., B.	stote) Ladens	date state burg	above. ATE SIGNED
22 1	burial	15/30/58	3			hodist Cer		ocomoke			
23. F	UNERAL DIRECTOR'S	nes Co.,	2901	ADDRESS Wa 14th St			MAY 2 9		STRAR'S SIGNA	TURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5999 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Hyattsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Rockford Drive YES NO I NAME OF 4. DATE First Middle Manth Day Year DECEASED OF DEATH (Type or print) 1958 9. AGE (In years 5. SEX 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months on papers. WIDOWED D DIVORCED | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired) OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! 13. FATHER'S NAME MOTHER'S MAIDEN NAME 000 6 S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part for Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Q. 51. While Nat while 19 at work at wark 21. I certify that I attended the deceased from 19____,that I last saw the deceased alive on and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 158 10th. Mt Olivet Mav Washington D.C. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Lee Funeral Home Washington D.C. DATEY 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4	may be retained by they or put or ottending physicion. TO FUNERAL DIRECTOR is certificate has been signed by the ottending physician and completely filled in by the fund director.	page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours ofter death.
V	S A15	(4)
1	5M 10)/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6939

CERTIFICATE OF DEATH

Reg. Dist. No. (16034

1. PLACE OF DEATH a. COUNTY	rince Geor	78	MARYLAND	2. USUAL RESI	Md	here decease	d lived. If institu b. COUNT	v	nce G	
b. CITY OR TOWN (If RURAL and give ne	autside carporate limi arest lown)	ts, write	c. LENGTH OF STAY IN 16	p ,	TOWN (If		prote limits, write			
d. NAME OF HOSPHOOF INSTITUTION	Ma K (If not in hospital, g	ive street o	oddress)	d. STREET A	DDRESS	ens C		Road	01	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fir	st	Middle	Los		4. DATE OF	Mo	anth	Day	Year
(Type ar print) 5. SEX		ohn .		rwin		DEATH	,,,,	lay	10	1958
Male	White	WIDOWE		B. DATE OF BIRT	17-	88	9. AGE (In year last birthday)	Months	Days Hav	NDER 24 HRS ors Min.
Shop Forema	N (Give kind of work on life, even if reliced)	te R	oad Comm.	STRY 11. BIRTHPE		ar foreign c	ountry)		U S A	IAT COUNTRY?
13. FATHER'S NAME Harry	C Irwin			14. MOTHER'S		NAME Ginte	r			
1S. WAS DECEASED EVER	IN U. S. ARMED FOR			nformant rgaret M	Irw	in H	yattsvi.	dress Lle Md	•	9, 27
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which (b) mediate (DUE TO	Pri	e for (o), (b), and (c).] acherica	man	es L	ung	= Met	As lisi	ONSET A	SETWEEN ND DEATH
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PART	PEI	AS AUTOPSY RFORMED?
	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in	Part I ar Par	t II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While at work	Not white fo	ACE OF INJURY (clary, street, affice	Hame, form bldg., etc	n, 20f. (Cit)	or town)	(Co	ounty)	(State)
21. I certify the alive on	at I attended the	decease , 19	d from, and that death	n accurred at	1100	M, from	n the causes treet, city or town	and an th	ast saw the date st	ne deceased ated abave. DATE SIGNED
PHYSICIAN'S NAME (Type)]	or. G. Kel	lley	1				. ,			
22a. BURIAL, CREMATION REMOVAL (Specify) Burial	May 13.	f 1958	Fort L nco	R CREMATORY Ln Cemet	ery	Colm	TION (City, town,			itate)
23. FUNERAL DIRECTOR'S		lyatt	sville Md.			D BY REGIST	158 24b. REC	ISTRAR'S SIG	NATURE	

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, ecute the certificate the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director, should be farward. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of its designated agent, prior to beriaf, cremation, or removal, and in any prent Within 72 haurs after death. execute the certificate a should be farward TO FUNERAL DIRECTOR: TO DEPUTY MEDICAL 0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea.	Dist.	Wo		LU	

1, PLACE OF DEATH	0	194		2. USUA	L RESIDENCE (Where decease	ed lived. If institu	tion: Reside	nce belore adi	nission)
o. COUNTY	ince George	0	MARYLAN	0.57	ATF	vland	b. COUNT	v -	Geo.	
b. CITY OR TOWN	If autside carparate limits, writ		c. LENGTH OF STAY IN 1	lb c. Cl	-		orote limits, write			nwal
and give nearest tow	rn)		7					WORKE ONE	give hearest i	o wing
Adelp	TAL OR INSTITUTION (If not in hour	l year	1 67	REET ADDRESS	lphi			1 10	DECLOSE LOS
	k Lackawann					ck Lack	cawanna S	Street	10	RESIDENCE I A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Montl		Doy	Yeor
(Type or print)	Elmer		Joseph	Jenkin	3	DEATH	May			19 58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE In years	IF UNDER		DER 24 HRS
Male	White	WIDOWED			-25-17		10st birthday) yrs.	Months (Days Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of working life, even if retired)	done 10b. KII	ND OF BUSINESS OR IND	USTRY 11. BII	RTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTR
Laborer	ing ille, even it renteo)	5 00			Marylar	nd		1.69	U.S.A.	
13. FATHER'S NAME				14. MOTI	ER'S MAIDEN				0.00	
Jagga	James Jenl	ed ma			Grace	?				
	VER IN U. S. ARMED FO		OCIAL SECURITY NO. 117	. INFORMAN			Address			
(Yes, no, or unknown)	(If yes, give war or dates of		ocini decomiti no.							
				Rober	ca Jenki	ms; sa	me addre	88 28	# 2.	
The second secon	ATH [Enter only one cou	se per line fo							ONSET AND DE	EFN ATH
	TH WAS CAUSED BY:		Shock							
916.0	DUE TO									
Conditions, if	ony, which) (b)		Universal	3rd au	nd 4th d	degree	burns of	body		
gove rise to imme	ediate cause									
(a), stating the	underlying									
Z PART II. OT	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BL	IT NOT RELATE	D TO THE TERM	INAL DISEASE	CONDITION GIV	FN IN PART	1/01/10 WAS	ALITOPEV
9		-					constituen on	Er III I I I I I I	PERF	DRMED?
200 EVTERNAL CA	LICE WAS 120	A DECCRIPE	HOW INTERVOCCUERED	7E-AA	-(:-: -: -: -: -: -: -: -: -: -: -: -: -:				YES 🗆	ио 🗆
PART II. OT			s due to con				ol item 18.)			
9	JRY Month, Doy, Yes	or 20d. IN	JURY OCCURRED 20e.	LACE OF INJ	JRY (Home, form	m. 20f. (City	or town)	(Cour	nty)	(Stole)
12.15 306	5-17-58 19	While of work		Home	office bldg., etc.		Lohi. Pr	. Geo	. Md.	
	hat I took charge	of the re	moins described a	hove held	an Autons					
			comp.							nd in my
opinion dealin	resoned from:	AGIUIGI CC	ouses []. Acciden	· [_], 30	icide [],	riomicide	Undere	rmined m	onner X	
ACTUAL ()	10/ 79	NAC	11			_			DATE	SIGNED
SIGNATURE	Juni-	11/0	coney		IEF MEDICAL EX					
EXAMINER'S			1		SISTANT MEDIC					
NAME (Type)		loney,	M.D.		PUTY MEDICAL		2700	17,	1958	
220. BURIAL, CREMATION REMOVAL (Specify	ON. 226. DATE THEREC)F 2	2c. NAME OF CEMETERY	OR CREMATO	RY	22d. LOCAT	ION (City, town, e	or county)	(Sto	(e)
BURIAL	5/21/5	8	GEORGE WASHI	NGTON O	CEMETERY	TTAYH	SVILLE.	MD.		
23 FUNERAL DIRECTO			ADDRESS			D BY REGISTR		TRAR'S SIG	NATURE	
Cournerse	o. Isimpur	14, S	ILVER SPRING	, MD.	DATELLA	Y 2 0 '5	8 000	(
Durnera	5. rumpu	14, S	ILVER SPRING	, MD.	DATEMA	Y 2 0 '5	8 (802	(1	

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HEALTH STORY HOLD LINE SERVICE STORY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AT SHOWITE BEAUTION OF THE REST OF THE CHARLES the new income and the first of the first CERTIFICATE OF DEATH

06036

		CERTIFICATE OF DEATE	Reg. Dist.	No.
	1. PLACE OF DEATH O. COUNTY Prince Senges	MARYLAND 2. USUAL RESIDENCE WILL O. STATE	here deceased lived. If institution assidence b. COUNTY	before admission)
	b. CITY OR TOWN (If outside corporate limits wife c. LENG RURAL and also people town)		outside corporote limits write RURAL and give	e nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	4 STREET ADDRESS 4400 Hel	ly Hill Kd	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) NETTIE HAR	PER Johas	OF DEATH May 6	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED N	DIVORCED 1 Jan 24-18	74 last bictbooy) Months Do	EAR IF UNDER 24 HRS.
X	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF dwing most of working life, ever if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE STOLE	or foreign country) 12. CITIZE	N OF WHAT COUNTRY
/	13. FATHER'S NAME William Harper	14. MOTHER'S MAIDEN N Nancy	Hearst	^
	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SI (If yes, no. or unknown) (If yes, give wor or dates of service)	- Mrs. Paul n	ystram Hyatts	ville mo
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	(b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying</u> couse lost.	onang Heat 9	- indi	2412
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		W INJURY OCCURRED. (Enter noture of injury in I	Port I or Port 11 of item 18.)	
	p. m. 19 of work of w	while factory, street, office bldg., etc.	;;)	
	21. I certify that I attended the deceased from alive on	and that death accurred at 4:00	May 6, 195 Pithat I las	t saw the deceased
	ACTUAL SIGNATURE Waldo B. Mo		ADDRESS (Street, city or town, state)	DATE SIGNED
/	PHYSICIAN'S Waldo 13. Mo	yers		
1	Burial 5/9/58 M	ME OF CEMETERY OF CREMATORY	22d. JOSATION (City, town, or county)	, mil
	23. FUNERALDIRECTOR'S SIGNATURE ADD ADD ADD ADD ADD ADD ADD A	tarile md 2/0. REC'I	D BY REGISTRAR 246. REGISTRAR'S SIGNA	KTURE

requires that the death certificate be executed within 24 hours ofter death. Page pital or attending physicion.

In this certificate has been signed by the attending physician and completely filled in by the fun for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should remarking a removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low Most of the Post o

the registror prior to burial, cremation, or removal, and in any

MANUS STATE DEPARTMENT OF PEAR HIS SKLIPPORT DE HTASE TO STADISTEND DEATH THE RESIDENCE OF THE PROPERTY OF THE PERSON

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VS A15 (4) 15M 10/S7

MARYLAND STAT	E DEPARTMENT	OF HEALTH-	BALTIMORE,	18
6941	CERTIFICATE	OF DEATH		

06037

				Reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institute b. COUNTY	ion: Residence befare admission)
Prince George	MARTEAND	Maryland	Prince Geo	
 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16		autside corporate limits, write	RURAL and give nearest town)
Cheverly		College Pa	rk 14	
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	et address)	d. STREET ADDRESS	,	e. IS RESIDENCE
Prince George General	Application of the second	26 Canary	Pd	ON A FARM?
		20 Cattary		YES NOT
3. NAME OF First	Middle	Lost	4. DATE Mo	nth Day Year
(Type or print) Baby Boy	Julius		DEATH	15 1958
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		U. DAIL OF BIRTH	last birthday)	Manths Days Hayes Min.
WA 16	WED DIVORCED	May 15-1958	yrs.	X
Oa. USUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	e ar foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)				White the property of the prop
			ryland	
13. FATTER'S NAME	10	14. MOTHER'S MAIDEN	NAME	
avonald a XIII	(Klus)	Wille	. (. ////	was
S. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. II	NFORMANT		dress /
(Yes, no, or unknown) (If yes, give wor or dates of fervice)	J. SOCIAL SECORITY NO. 17. W	WORMSINI	Add	iress //
				0
18. CAUSE OF DEATH [Enter only one cause per	line for (a) (b) and (c) 1			INITEDWAL DETWEEN
PART I. DEATH WAS CAUSED BY:	(c), (c), did (c).	at 1 +	- 1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	et minaturely	atalente	ices	
1/62.5 DUE TO				
, 00 100 1	1 +			
Conditions, if any, which (b)	I unaturet.	,		
gave rise to immediate cause (a), stoting the under-				
lying cours last				
(c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3				YES NO T
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Fater nature of injury in	Part Lar Part II of item 181	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		or tallow have to the training in		
	INJURY OCCURRED 20e. PLA	ACE OF INJURY I Home, for	n, 20f. (City or tawn)	(Caunty) (State)
Hour o. m.	e Nat while foc	ctary, street, affice bldg., et	c.)	(0.0.0)
p. m. 19 at wa	ork ot work			
21. I certify that I offended the deced	sed from 5/13	195 1 to	5/15 105	That I last saw the deceased
5-/15				a, that I last saw the deceased
alive an, 19	21, and that deoth	occurred at 9+15	A_M, from the causes	and on the date stated above
11			ADDRESS (Street, city or town,	
ACTUAL ATTOMICE	har.			
SIGNATURE // APALLES	Notes	M.D		
PHYSICIAN'S				
NAME (Type) Dr. F. Warren				
20. BURIAL, CREMATION, 226. DATE THEREOF	220 NAME OF CENETRON OF	COENTRODY	MA LOCATION (C)	
REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	
cremation 6/5/58	Prince George's	General Hos	dital Chever	y, Md.
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 PFC		STRAR'S SIGNATUR
Alle 11 the enough	//	-44	- 150 60	0 1 0 0 0 0
Alley W. Pel	ph, Jr., Admini	strator • DATE	JUN 9 '58 CC	reduch
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06038

	0,1	5 CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH	PINCE GEO	PCES MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARY	ere deceased lived. If institution b. COUNTY	n: Residence before admission) PRINCE GEORGE
b. CITY OR TOWN (I RURAL and give no CHILL		c. LENGTH OF STAY IN 1b	CHILLUM	utside corporate limits, write RU MRYLN A	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	oddress)	/ d. STREET ADDRESS 830 Chil	lum Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Annie	Middle J •	King	4. DATE Month OF DEATH MA	13th 1958
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED A	NOV 2 NO	the state of the s	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
a during most of work	ON (Give kind of work done 10b. king life, even if refired) DRESSMAIKES	KIND OF BUSINESS OR INDU	BALTIM		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	e King		14. MOTHER'S MAIDEN N.		ALL
	R IN U. S. ARMED FORCES? 16.		RS. ANNAE	GLLWINE - 8	30-chillum RD.
	ATH [Enter only one couse per lit. ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Only, which	V //	cular au	reident	INTERVAL BETWEEN ONSET AND DEATH
gave rise to in cause (a), stating lying cause lost.					
20a. ACCIDENT WA	reralized	CONTRIBUTING TO DEATH BUT P Severe CRIBE HOW INJURY OCCURRE	arterios	clarosis	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
-		Not while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the decear May 13, 192 Amusel M	~ /	occurred at		that I last saw the deceased on the date stated above DATE SIGNEE
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	DR CREMATORY	22d. LOCATION (City, town, or	county) (Stote)

MAY 1 9 '58

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VS A15 (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
6040 000000	0

0942 CERTIFICATE OF DEATH

06039

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Dunce Seorges MARYLANE	2. USUAL-RESIDENCE Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY D. Derges
b. CITY OR JOWN (If outside corporate limits, write BURAL and give nearest town) Scale of the corporate limits, write c. LENGTH OF STAY IN 11	b c. CITY OR IGWN (If outside corporate limits, write RURAL and give negress town) 33 Stadensburg M. d.
d. NAME OF HOSPITAL (Il not in hospital, give street address) OR INSTITUTION Owney Clack	13 13 Quindy Place e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) LUCELLA. PEARL	KITCHEN 4. DATE Month Day Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	FEB 10,1897 lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) Housewife	DUSTRY 11. BIRTHPLACE (Stote or foreign country) WHAT CHEER, TOWA 12. CITIZEN OF WHAT COUNTRY!
WILLIARD A, JACKSON	MATILDA. TRESSLER
(Yes, no. or unknown) (It yes, give wor or dates of service)	DAUGHTER - VELTA KITCHEN
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OR CAIARY	THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH NONE
Conditions, if ony, which gove rise to immediate (b) RHEUMATIC	HEART DISEASE 124RS
couse (o), stoting the under- lying couse lost. (c) CONCESTIV	
ICATIO	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 of work of work 19	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from 5 £ 7 T alive on MAY 3 , 19 5 8, and that dec	oth accurred at 8 A. M. from the causes and an the date stated above
ACTUAL William T. Saccard	ADDRESS (Street, city or town, state) DATE SIGNED MAY 4, 1958
PHYSICIAN'S WILLIAM T. SACCAR	
220. BURIAL, CREMATION. BREMOVAL (Specify) Burial 22b. DATE THEREOF May 8, 1958 22c. NAME OF CEMETERY Salisbury	City Salisbury Missouri
F. Gaschs Sons Hyattsville Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

	ATE OF BEATH	DOMESTIC CENTROL	
ALL MANAGEMENT			
First Tank	A Market N	A FERREL	Part I
		Construction Company	HW BERNET
			Bally emal
SECTION OF	MAZEL EAST.		New York
THE KITCH	SONTON DATE OF		
		x = 10 = 0 0 0	STATE OF THE STATE
TAXAN IN STRUCTURE	de more libraries	L. J. Sentral L.	STATE AND ADDRESS
ANCEL STATE			
Amounts And			
		J. D. SA Giverson	MARKET POLICES IN

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
600	1 CERTIFICATE	OF	DEATH	

Reg. Dist. No. 06040 OUGT CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY rince MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 00

L	OR INSTITUTION RO	/ .		/3/6-	Ray	Rd.	ON A YES	
	NAME OF DECEASED (Type or print)	First	Middle L/	e Lost	4. DATE OF DEATH	Month	10	ear
<u> </u>	9,011	R OR RACE 7	SWORTH	IN DATE OF BIDY		Mass		95
	Male	,	MARRIED NEVER MARR		1904	9. AGE (In years of Ut lost birthdoy) Mon	ths Days Hours	Min,
10a	. USUAL OCCUPATION (Give ki during most of working life, ev	ind of work do en if retired)	ne 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE	(State or foreign co	untry) / 12	CITIZEN OF WHAT	COUNTRYP
	Frinte	1-		Dalti	more	149.	70	
13.	FATHER'S NAME	1		14. MOTHER'S MAII	DEN NAME.	77		
	Harry	/\no	21-1-	Cath	e1-1110	Moede	_	
	WAS DECEASED EVER IN U. S.	ARMED FORCE		D. 17. INFORMANT	11	Address		
	NO I		578-38-401	3 Eleanor,	N Knor1	- 1316 T	ay Rd.	Md.
	18. CAUSE OF DEATH [Enter		e per line for (o), (b), and (c)	1 - 1 -	4/1		INTERVAL BET	
	PART I. DEATH WAS CA	TE CAUSE (a)_	acule conge	stive heart	Jacker	20	481	101
	11100	DUE TO	2. 110	11	1.		1	
	Canditians, if any, which		Teneralized s	me lastasia a	Colonom	a car-	3ch	111
	gave rise to immediate cause (a), stating the under-	DUE TO	14.0		7		1	
	lying cause last.) (c)_	commode De	gmoral and	Leclern	1	/	
S S	PART II. OTHER SIGNIF	ICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN IN		
3	Cotosland.	: May	11, 1955				PERFOR	NO
CERTIFI	200. ACCIDENT WAS UNDERLY OR CONTRIBUTING A CAUSE (IF EITHER, NOTIFY MEDICAL E	YING 2 OF DEATH EXAMINER)	06. DESCRIBE HOW INJURY (OCCURRED. (Enter noture of inju	ry in Port I or Port	II of item 18.)		
3	20c. TIME OF INJURY Month,	Day, Year	20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home	, farm, 20f. (City	or town)	(County)	(Stote)
MEDI	Hour a. n. p. m.	19	While Not while of work at work	factory, street, office bldg]., etc.)			,
	21. I certify that Latte	ended the d	leceased from	, 19 <u>33</u> , ta	13 May	195 P.tho	it I last saw the o	deceased
	alive an 12 Man	40	, 1258 , and tha	t death accurred at 10	30 M fram	V		
	All 1	()	11-1		ADDRESS (Str	eet, city or town, state)		TE SIGNED
	SIGNATURE MANAGE	som	attingly.	M.D. ,	**********	13 h	wy 1950	P
	PHYSICIAN'S Thoma	GE	Ma Hingly	4,MD. 2200	R.I.	Tue NE	Wash	18-70
220	BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF		METERY OR CREMATORY	22d. LOCATI	ON (City, town, or cour	(State	/
23.	FUNERAL DIRECTOR'S SIGNATU	IRE	ADDRESS .5		REC'D BY REGISTR	AR 24b_REGISTRAR	S SIGNATURE	eard
3	V.W. Thambe	n to. of	ne. Clevelan	dave. md. DAT	ARAN S.E.	58 West	educh	

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death:

VS A15 (4) 15M 10/57

Poge 4

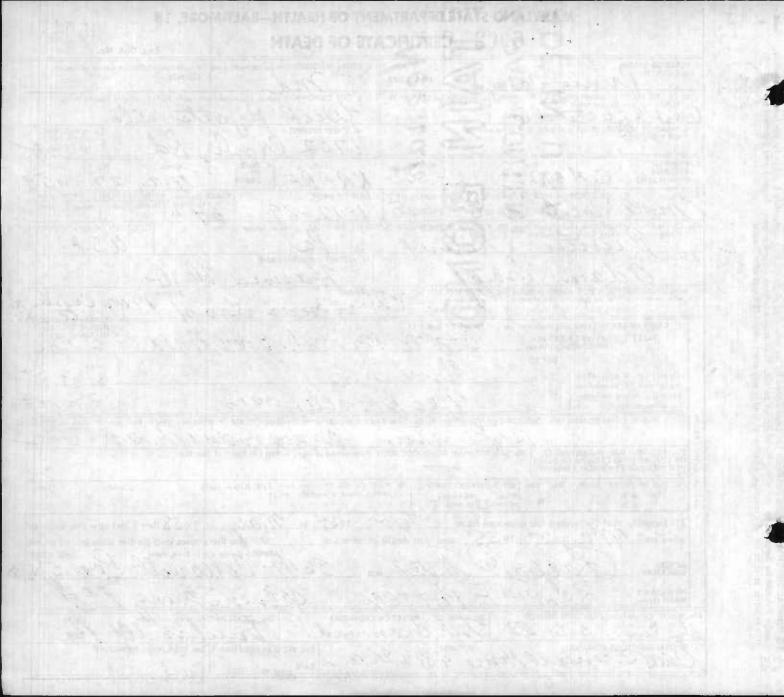
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6)02

CERTIFICATE OF DEATH

06041

Reg. Dist. No.

1.	PLACE OF DEATH D. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside copporate limits, write RURAL and give nearest town)
1/1	RURAL and give nearest town)	15 West He attrivelle
	d. NAME OF HOSTITAL (If not in hospital, give street address) OR INSTITUTION	1702 Charles Rd. Rd. ves No. 1702
	NAME OF DECEASED (Type or print) CHARLES LEON	KRAPF DEATH May 27 1958
	male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100	. USUAL OCCURATION (Give kind of work dane during most of working life, even of retired)	STRY 11. BIRTHPLAGE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Eddam Krapl	Harra Herb
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (It yes, give wor or dates of service) (It yes, give wor or dates of service)	Margaret Krapl 1:03- Crock Re
	18. CAUSE OF DEATH [Enter only one couse per line for (g)? (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Bronchopnewania Unterval Between ONSELAND DEATH
	442 x DUE TO Conditions, if any, which) (b) Uner	nia 2 months
	gove rise to immediate cause (a), stoling the under-lying cause last. DUE TO Meph	roseler oses 9 monts
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELAXED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour a. m. p. m. 20d. INJURY OCCURRED for the property of the property o	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
	21. I certify that I attended the deceased from.	1954, to Maly 1958, that I last saw the deceased
	alive an, 19.5, and that death	ADDRESS (Spreet, city or town, state) ADDRESS (Spreet, city or town, state) DATE SIGNED
	ACTUAL SIGNATURE SALPH TO SAUTE	M.D. 8641- Colesvelle 500 5/38/5
	PHYSICIAN'S KALPAL, PATTE	V Selve Spring My
1	Server 5-31-58 Mr. Sicas	receptatory 22d. LOCATION(City, Jun, or colony) (suge)
23.	ENDERGE SIGNATURE Honce 48/2.2	The and DATE HARD OF THE CONTRACT SCHOOL OF THE CONTRACT OF TH
		With earth



death

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Photo 10 and their 1 and the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page D FUNERAL DIRECTOR for this certificate has been signed by the attending physician and completely filled in by the fund page 3 should be detacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remaral, and in any eyent within 72 hours after death. pital or attending physician. TO FUNERAL DIRECTOR page 3 should be detact

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6096 CERTIFICATE OF DEATH

06043

1. PLACE OF DEATH o. COUNTY Pr	ince George	18	MARYLAND	0.	WAL RESIDENCE (W STATE Maryland	here decease	d lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN RURAL ond give of Hill Cres	(If outside corporate timi nearest town) t Heights	ts, write c. LENGT	H OF STAY IN 18		CITY OR TOWN (IF			URAL and giv	re riegrest to	wn)
d. NAME OF HOSP OR INSTITUTION 5811- 24	the Ave., S	e E e	Eggir Ear	11.7	STREET ADDRESS	Ave.,	S.E.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JESSE fir	M.		LOWE	Lost	4. DATE OF DEATH	May 4t		Day	Year 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NE	VER MARRIED DIVORCED		th 18–1879		9. AGE (In years last birthdoy) yrs.	Months D	YEAR IF UN	
10a. USUAL OCCUPATI during most of wo Retired	ION (Give kind of work or rking life, even if retired		Army	DUSTRY 1	Pa.	or foreign c	ountry)		EN OF WHA	AT COUNTRY
13. FATHER'S NAME Unkno	wn			14.	Unknown	NAME			FE	1917
1S. WAS DECEASED EV [Yes. no. or unknown] Yes	ER IN U. S. ARMED FOR			rs.	my V. Low	e Sa	me of #	2.		
Conditions, if a gove rise to couse (o), storing lying couse lost.	immediate DUE TO	arla Left	rio.	2cl	eifle	nelo	zlnei	elez	ONSET AN	Minus 5 egle worth
OIT OIL	HER SIGNIFICANT CON			UT NOT R	ELATED TO THE TERM		E CONDITION GIV	/EN IN PART 1	PERI	ORMED?
	G CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRIBE HOW	V INJURT OCCUR	KED. (Chie	r nature of injury in	ron i or ran	r II or trem (6.)			
ZOC. TIME OF INJU Hour D. 51. p. m.		While Not work of work	while	PLACE OF foctory, st	INJURY (Home, farm reet, office bldg., etc	n, 20f. (City	or lown)	(Cou	unty)	(Stote)
21. I certify to alive on	hat I attended the Source	1~	April and that dea	th occu	1953 to 1 rred at 30				date sta	
NAME (Type)		FORDON					***********		Ms	ay 4-58
220. BURIAL CREMATION REMOVAL ISPOSITY	May 7-58		ME OF CEMETERY ington N		nal Cemete		rion (City, town, rlington,		(St	ote)
23 FUNERAL DIRECTOR	r's SIGNATURE	1661ADDI Washin	Good Hop	e Ros	ad SE 240. REC	D BY REGIST		STRAR'S SIGN	1	

MITARIDA OF TRADPLETED SONO ological public HIGHWAY IN the state of the s THE RESTRICT AND SECOND LOSS OF THE PARTY OF THE PARTY.

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Tar Aldrews and Al	ASHITES CONTRACTOR OF THE CONT
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The state of the s	

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FOR STATE HEALTH DEPT.

HEALTH DEPT

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, execute the certificate military in penalty in penalty in the form 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forward, the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of an its designated agent, prior to burial, cremajons or removal, and in any event within 72 hours after death.

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¥5.	Al	5M	E
51	A 2	/57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0	6	0	4	5

								Keg. Dis	7, 140.	
1. PLACE OF DEATH		5945		O STATE		Where decease	ed lived. If institution in the country is the country in the coun		ice before adn	nission)
P	rince Geor	ges	MARYLA	ND STATE		land	J. COUNT	Prir	ice Geo	rges
b. CITY OR TOWN (II and give nearest town Chever		ile RURAL	C. LENGTH OF STAY IN		or town (If Colman		orote limits, write			
		(If not in hose	pital, give street address)	11	T ADDRESS	STITUTE			Te. 15 1	RESIDENCE
_	Georges G					th Pla	ce	156	10	A FARM?
3. NAME OF DECEASED (Type or print)	Elvi	irst n	Meador Lu	skey	Lost	4. DATE OF DEATH	May	1,		Yeor 19 58
5, SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. DATE OF BI	RTH		9. AGE (In years	IF UNDER 1	YEAR IF UNI	DER 24 HRS.
Male	White	WIDOWED			1, 187	9	79 yrs.	Months D	Days Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of working life, even if refired)	done 10b. K	IND OF BUSINESS OR INC	USTRY 11. BIRTH	PLACE (Stote	or fareign co	ountry)	12. CITIZ	EN OF WHA	COUNTRY
Retire			Fireman	Ws	ahingt	on. D.	C.	II.	S.A.	
13. FATHER'S NAME					R'S MAIDEN N					
W	illiam A.	Luskey			F	rances	Scott			
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. INFORMANT			Address			
Yes;Sp. Am				Mary	Alice :	Luskey	; same a	ddress	as #	2.
18. CAUSE OF DEA	TH [Enter only one co	ouse per line f	or (o), (b), and (c).]						INTERVAL BETW	TEEN
PART I. DEA	TH WAS CAUSED BY:	Car	rdiovascular	Renal D	isease				ONSET AND DE	AIH
442X	IMMEDIATE CAUSE (01								
Conditions, if o	ny, which)	0)								
gove rise to imme	diote couse									
(o), stating the	onderlying	c)								
PART II, OTH			NTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART	PERF	ORMED?
20g. EXTERNAL CAL	ICE WAS	AL DESCORE	NOW AND DE COMPRE	2 45-4	f televent o		/ 12 10 1		YES	NO 🔀
	NTRIBUTING L.	IOD. DESCRIBE	HOW INJURY OCCURRE	J. (Enter noture of	f injury in Par	1 i or Part it o	of item 18.)			
20c. TIME OF INJU	RY Month, Doy, Ye	eor 20d, II White		PLACE OF INJUR'			or town)	(Cour	nty)	(Stote)
ž p. m.	19		rk at work							
21. I certify the	hat I taak charg	e of the r	emoins described o	bave, held	an Autops	y . In	spection 🗖	Inquiry	or a	nd in my
opinion death	resulted from:	Natural c	ouses 🔂 Accide	nt [], Suic	ide 🔲, 🛚	Homicide	, Undete	ermined m	onner 🔲	
ACTUAL	No.	014	0	CHIE	F MEDICAL EX	VAMINED (DATE	SIGNED
SIGNATURE	Alm)	FV	alony.	M.U.	TANT MEDIC					
EXAMINER'S NAME (Type)	John T. M	aloney	. M.D.		TY MEDICAL		May	1. 1	958	
270. BURIAL, CREMATIC	N, 226. DATE THERE	OF	20c. NAME OF CEMETERY Arlington			22d. LOCAT	ION (City, town,		(Sto	le)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'	D BY REGISTA	TAR 246. REGI	STRAR'S SIGI	NATURE	*
Lee Fune	eral Home	. Wa	chington I	.C.	DATE M	AY 5 '5	58 W	··- sau	CA	

CA' well propose record nive PROPERTY DESIGNATION OF PROPERTY DATES AND ASSESSMENT The Company of the Late of the Company of the Compa Page 19 To the Manager of the Control of the Contro TANKE A STATE OF . 2 M consequences ; ence adores no mark Icashp. Lucz. 5 W.W.l CAN TOWN. (Choose M.). () ... (Standard M.). () ... () .

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist No

06047

								Keg. Dist. I	10.	
1. PLACE OF DEATH o. COUNTY Pr	ince George	8	MAR	rland 2	o. STATE Maryle	where deceased and	lived. If institution b. COUNT	on: Residence b	efore odmis	ision)
	(If outside corporate limi negrest town) Cheverly	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpore Manor	ote limits, write R	URAL and give	nearest tow	in)
d. NAME OF HOSP OR INSTITUTION Prince G	eorges Gene	ral H	oddress) Hospital		3402 29th	Pl.			ON	SIDENCE A FARM? NO P
3. NAME OF DECEASED (Type or print)	Harry	sf	Niddle N •		Mann	4. DATE OF DEATH	May	th 2	Boy	Yeo 58
5. Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		arch 3, 190		AGE (In years for birthday) yrs.	Months Doy		1
10a. USUAL OCCUPAT during most of wo Truck dri	ION (Give kind of work of rking life, even if retired LVET	done 10b.	employed	OR INDUSTRY	Virgin		intry)	U S		T COUNTRY
13. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
	E Mann	crea l.				known				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 23 05 2124	-	Katherin	e Mann	Wash	ington	D. C	•
Canditions, if gove rise to couse (a), stoting lying couse last	immediate DUE TO)	Pulm Conges arlere	oua fei cels	ry ede e Hear rofee A	wa t Jai	liere Dise	are	70	ays ever
CATIC					T RELATED TO THE TERM		CONDITION GIV	EN IN PART 1(o	PERF	ORMED?
200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 013	CRIDE HOW INJOK! C	CCORRED. (inter nature at injury in	ran for ran i	or item 18.)			
20c. TIME OF INJU Hour o. m. p. m.		While at wor	NJURY OCCURRED Not while t of work	20e. PLACE factor	OF INJURY IHome, for , street, office bldg., e	m, 20f. (City o	or town)	(Coun	ity)	(State)
21. I certify alive on	hat I attended the lay 25	deceas 19.	C C	deoth ac	curred at 726		the causes of the cause of the causes of the causes of the cause o		dote stat	
PHYSICIAN'S NAME (Type)	Leon L Gal	lin			W. K	legath	ville	Mo	D:	
220. BURIAL, CREMATIC REMOVAL (Specify Transport	on, 226. DATE THEREO	/58	22c. NAME OF CEM Keysvil		REMATORY		on (City, town, o	or county)	(Sto	te)
23. FUNERAL DIRECTOR			ADDRESS			'D BY REGISTRA	AR 246 REGIS	TRAR'S SIGNA		
r. Gasi	ch's Sons	Hyan	ttsville,	Md.	DATE N	LAY 2 8 '5	BULL	Leave	1	

may be retained by the pital or attending physician.

O FUNERAL DIRECTOR!

Let this certificate has been signed by the attending physicion and campletely filled in by the fune page 3 should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours affer death. TO HOSPITAL OR ATTENTING PHYSICIAM: The low requires that the deoth certificate be executed within 24 haurs ofter deoth. Page 4 may be retained by the TO FUNERAL DIRECTOR

VS A15 (4) 15M 10/57

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	13				
	estruturus.	L. Date C.			

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15M 10/57

1. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (II

Pri

COOM	ATE OF DEATH Reg. Di	st. No. 06049
nce G orge's County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	
outside corporate limits, write c. LENGTH OF STAY IN 1b age Md 4 months	c. CITY OR TOWN (If outside corporate limits, write RURAL and a	give nearest lown) V
AL (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
First Middle Emily Elizabeth Martin	Lost 4. DATE Month OF DEATH May 29,	Day Year 1958-
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH June 4, 1896 9. AGE (In years If UNDER lay birthday) Months yrs.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
N (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF INDUSTR		IZEN OF WHAT COUNTRY?
Peter Streukens	14. MOTHER'S MAIDEN NAME Emma	
f yes, give war or dates of service)	NFORMANT Address S Joseph Schmidt Kent Village	Maryland.
TH [Enter only one couse per line for (o), (b), and (c).] H WAS CAUSED BY: IMMEDIATE CAUSE (o)	etrois	INTERVAL BETWEEN ONSET AND DEATH OMETING
y, which (b) Clercus Single mediate he under:	g Erem	Burnotis +
) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I (o) 19. WAS AUTOPSY

RURAL ond give ne Kent d. NAME OF HOSPITA OR INSTITUTION 7331 For NAME OF DECEASED (Type or print) 5. SEX female 10a. USUAL OCCUPATIO during most of working Housew. 13. FATHER'S NAME 15. WAS DECEASED EVER 18. CAUSE OF DEA PART I. DEAT Conditions, if on gove rise to in cause (o), stoting (lying couse lost. CERTIFICATION PART II. OTH PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 250 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR-CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2 are 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 2

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irrector,

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6948

CERTIFICATE OF DEATH

06050

		OEKIII IC	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	rince Georges	MARYLAND	II o STATE	nere deceased lived. If institution b. COUNTS	on: Residence before odmission)
	If outside carparate limits, write	c. LENGTH OF STAY IN 16	0	outside corporate limits, write R	
OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince	Georges Genera	al Hospital	710 5	9th Place	YES NO
3. NAME OF DECEASED (Type or print)	Ruth	Middle	artin	4. DATE Mon DEATH May	4-
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Black widow	ED DIVORCED	1 Jan 1922	Jose birthdoy) 36 yrs.	Months Days Hours Min.
None	ON (Give kind of work done 10b. king life, even if retired)	Lind of Business OR IND	DUSTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	Spriceas		14. MOTHER'S MAIDEN N	JAME J. CO. A.T.	
15. WAS DECEASED EVE	R IN . S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	informant Spriga	Add 725-61 Add	ress f Asse MS.
PART I. DEA	mmediate (DUE TO	ne for (o), (b), and (c).] archiomat afceru	toois		INTERVAL BETWEEN ONSET AND DEATH
couse (a), stoting lying couse last.	(c)	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTH	AS HINDERIVING TI 206 DES	COIRE HOW INITION OCCUR.	RED. (Enter nature of injury in l	Post is or Post II of item 19 1	PERFORMED? YES NO
	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER]	CARDE HOW HAJORT OCCOR	CD. (Eller holore of mjory in	on vov ron in or new re.,	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d. II 19 While of war	Not while	PLACE OF INJURY (Home, form foctory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
21. I certify the alive an	Traus L		th accurred a 2.35 A	MM, from the causes of ADDRESS (Street, city or town,	that I last saw the decease and an the date stated abov state) DATE SIGNI
220 SURIAL) CREMATION REMOVAL (Specify)	5-14-58	22c. NAME OF CEMETERY Mt. Clu	or CREMATORY	22d. LOCATION (City, 10wn, o	or county) W.C. (State)
23. FUNERAL DIRECTORY	S SIGNATURE - Washington	467 N st.	71, W, DATE	MAY 1 5 '58	STRAR'S SIGNATURE

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FOR STATE HEALTH DEPT.

irector oggen ry you will have of recolth.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessary, execute the certificate ching the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forward, the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of roor its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours ofter death. TO DEPUTY MEDICAL EXAMINER: This 4 should be forward.
TO FUNERAL DIRECTOR

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6949

(6051 Reg. Dist. No.

	PLACE OF DEATH O. COUNTY PRI	NCE GEORG	ES	MARYLAND	2. USUAL RESIDENCE (V	Where decease		YPrinc		
1	cheverly	outside corporate limits, write, Marylar		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		orote limits, write Mary	RURAL ond g	give nearest I	own)
3.	Prince Geo NAME OF DECEASED	rge's Ger	eral I	Middle	d. STREET ADDRESS 6016 Na	val a	avenue, Mont	1	ON YES [RESIDENCE NA FARM? NO TO
5. 5	(Type or print)	Rolan			lathews	DEATH	-	.8, 19		19
3, 3	male	white	WIDOWED	DIVORCED 8	Sept 19, 19		9. AGE (In years fost birthday) 40 yrs.	Months De	YEAR IF UNI	Min.
13.	FATHER'S NAME WAS DECEASED EVE	ir man arker A N R IN U. S. ARMED FO	P E lathews			gton I). C.	U S	S A	COUNTRY?
110	VOS	W W 11	577	-01-5755 An	na R Mathew	s I	Lanham,	Maryla	and.	
NO	PART 1, DEATH 490 X Conditions, if on gove rise to immedi (o), stating the uncourse lost.	ote couse DUE TO	Lo	ongestive hear obar pneumonis		INAL DISEASE	CONDITION GIV	'EN IN PART I	INTERVAL BETY ONSET AND D	EATH
3		Fatty deg	enerati	ion of liver					YES K	NO [
WEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o. m. p. m.	TRIBUTING []	or 20d. IN. While		TE OF INJURY (Home, form ory, street, office bldg., etc.	n. 1 20f. (City ((Count	у)	(Stote)
	21. I certify the	The second second	Walter of co	mains described oba uses . Accident [M.D.		Homicide KAMINER AL EXAMINER	, Undete	Inquiry rmined mo	DATE	ad in my
23.	BURIAL GREMATION REMOVAL FUNCTION S FUNCTION S TO S	5/22/58 SIGNATURE	3	Arlington M Address LthSt.N.W.W	lat. Cemeter	Y A	ON (City, lown, orlingt)	or county)	(Sto	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06052

		5050	Reg. Dist, No.
		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
1	Q	COUNTY TRULES OF ALLES MARYLAND	O. STATE THE COUNTY The See
	b	CITY OR TOWN (If outside corporate limits, write FURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	1	Chevery bleador conval	36 Capital Heralis
,	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 4. STREET ADDRESS ON A FARM? VEN IN NOTICE TO SEE IN SECRIFICATION SEE IN SECRIFICATION SEE IN SECRIFICATION SEE IN SECRIFICATION SECRIFIC
	1	Much years formeral Hospidal	14801-17 Arest YES NO D
	3	HAME OF STRIPLE Middle Process Of String Widdle Process Of String Widdl	1 DATE Month Day Year DEATH MEET 17 1958
	5. S	EX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 14EAP IF UNDER 24 HRS.
-	71	call white WIDOWED DIVORCED C	Reco. 8, 1872 Syrs. Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUTION OF BUSI	
	1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	(Jearne Henry maurolle	Henrietto Lucker
/	15.		FORMANT O Address - O OF LO
	(100)	none m	erson to Leall Ties It in
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]	1 Inverval between Outset and death
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	is he to tol
		490X DUE TO D	
V		Conditions, if ony, which) (b) to the conditions of the conditions	Page 4
		gave rise to immediate couse (a), stating the underlying DUE TO	ran gova
		couse last. (c)	
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFIE	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	TE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	MEDICAL	Haur a. m. While Not while factor of wark of work	rry, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above	ve, held an Autopsy Itanspection W. Inquiry D. and in my
		opinion death resulted from: Notural causes . Accident	, Suicide , Homicide , Undetermined monner
		ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
2		EXAMINER'S TO	ASSISTANT MEDICAL EXAMINEER
		NAME (Type) / AMES / OVO	DEPUTY MEDICAL EXAMINER DE TRES 18,1918
	220.	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETRY OR	EREMATORY 22d. LOCATION (City, toyin, or count) (State)
1	92	PUBLICAL DIRECTOR & SIGNATURE APPRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
-		Il turere Home Ilha	169
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	MAY 1 9 '58 Old Careh

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, execute the certificate fitting the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the functal director, a should be farwarded. The Chief Medical Examiners of Office along with form PM3. Page 5 may be retained far your TO FUNERAL DIRECTOR! Page 3 should be used as a burial-training permit. File pages 1 and 2 with the State Baard of Page 1 and 2 with the State Page 1 and 2 with the State Page 1 and 2 with the State Page 1 and 2 with the VS. A15ME 5M 2/57

MEDICAL EXAMINERS CERTIFICATE OF DEATH

NT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. ALTH DEPT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND Marvland Pr. Geo. c. LENGTH OF STAY IN 16 b. CITY OR TOWN (It outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give negrest lown) of directo 5 years Laurel Laural d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 00 retained f e State Bo r death. YES NO T 811 Maple Avenue 811 Maple Avenue NAME OF 4. DATE Middle Last Yeor DECEASED Mack McCon DEATH 18 58 (Type or print) 19 Sylvester May Percy 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 5. SEX and 3 to le 5 may b id 2 with 1 2 hours, aft 1909 Months Hours Doys WIDOWED T DIVORCED [July Mala barofdw 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? age during most of working life, even if retired) U.S.A. Agric. Resrarch Maryland Laborer Give Pages h farm PM3. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Grace Madelene /Adams/ Solomon Walter Winfield Mack 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) (Yes, no. or unknown) Dorothy M. Adams: 618 10th St. Laurel. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiovascular renal disease IMMEDIATE CAUSE (o) Office DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 000 20b. DESCRIBE HOW INJURY OCCURRED, lEnter noture of injury in Port 1 or Part 11 of Item 18.1 20g. EXTERNAL CAUSE WAS 5 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Me 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Slote) factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry XI. and in my Suicide . Homicide . Undetermined manner opinion deoth resulted from: Notural couses . Accident . 5 DATE SIGNED DIRE ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER should be EXAMINE DEPUTY MEDICAL EXAMINER NAME (TX Maloney. 21c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or county) (Stote) 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE MAY 2 5M 2/57

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TO HOSPITAL OR

VS A15 (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6003 **CERTIFICATE OF DEATH** 06053

Reg. Dist. No

		J 41.5 5 W		
1. PLACE OF DEATH o. COUNTY Prince Georgies	MARYLAND	2. USUAL RESIDENCE (Where on STATE	b. COUNTY	nı Residence before odmission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hvattsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside / 5 Hvattsv:	le carporote limits, write RU	
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Sacred Heart Home		/ d. STREET ADDRESS 5805-Queens	Chapel, Hy	Md., o. IS RESIDENCE attsvilled NO
3. NAME OF DECEASED (Type or print) Geraldine			DATE Month OF DEATH 5	Doy Yeor 1 19 58
	ARRIED NEVER MARRIED WED DIVORCED	B. DATE OF BIRTH June 25, 1860	. lost birthday)	Manths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Ret. Gov't Clerk		STRY 11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John McNerhany		14. MOTHER'S MAIDEN NAME		
		NFORMANT	Addre	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate DUE TO	ine for (o), (b), and (c).] ormore ardio	Throng Too Culos	Cena	INTERVAL BETWEEN ONSET AND DEATH
lying couse last. (c)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	IN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part	or Port II of item 18.)	YES NO
Hour o.m. Whi		ACE OF INJURY (Home, farm, 2 ctory, street, office bldg., etc.)	H. (City or town)	(County) (State)
21. I certify that I attended the decedative on a land 17, 19 ACTUAL SIGNATURE	1-6-01	ADD	, fram the couses on RESS (Street, city or town, st	That I lost saw the deceased and an the date stoted above. DATE SIGNED E. Wash., D.C.
PHYSICIAN'S Robert R. Ho 220. BURIAL EREMATION, 22b. DATE THEREOF	ttel - 1222		reet, N.	E. Wash., D. C
REMOVAL (Specify) May 3, 195 23. FUNERAL DIRECTOR'S SIGNATURE			Washington	
- Indiana di Siana di	riounicos	DATE MAY		TRAKS SIGNATURE

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Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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c. CITY OR TOWN (If autside carporate limits, write RURAL and 34 Brentwood d. STREET ADDRESS 3704 Quincy Street Lost 4. DATE OF DEATH B. DATE OF BIRTH Jane 19, 1881 P. AGE (In years log) Firthday) TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	e. IS RESIDENON A FARM YES NO Day Year 18 19 58
c. CITY OR TOWN (If autside corporate limits, write RURAL and 34 Brentwood d. STREET ADDRESS 3704 Quincy Street Lost 4. DATE OF DEATH B. DATE OF BIRTH Jan. 19, 1881 TY 11. BIRTHPLACE (Stole or foreign country) Washington, D.C. 14. MOTHER'S MAIDEN NAME Anne Luber NFORMANT Theodore Howe; College Park, Md.	e. IS RESIDEN ON A FARM YES NO Doy Year 18 19 56 YEAR IF UNDER 24 HOOYS Min. EN OF WHAT COUNT U.S.A.
Brentwood d. STREET ADDRESS 3704 Quincy Street	DOY YEAR IF UNDER 24 HOUSE MIN. EN OF WHAT COUNT U.S.A.
3704 Quincy Street Lost 4. DATE OF May B. DATE OF BIRTH 9. AGE (In years log birthday) TRY 11. BIRTHPLACE (State or foreign country) Washington, D.C. 14. MOTHER'S MAIDEN NAME Anne Luber NFORMANT Theodore Howe; College Park, Md.	ON A FARI YES NO Day Year 18 19 50 YEAR IF UNDER 24 F Days Hours Min. EN OF WHAT COUN U.S.A.
Lost A. DATE OF DEATH B. DATE OF BIRTH Jan. 19, 1881 P. AGE (In years Interpretation of particular of particul	YES NO Day Year 18 19 56 YEAR IF UNDER 24 H Days Hours Min. EN OF WHAT COUNT U.S.A.
DEATH Jan. 19, 1881 TRY 11. BIRTHPLACE (Stole or foreign country) Washington, D.C. 14. MOTHER'S MAIDEN NAME Anne Luber NFORMANT Theodore Howe; College Park, Md.	18 19 56 YEAR IF UNDER 24 HOUS Min. EN OF WHAT COUNT U.S.A.
Jan. 19, 1881 77 yrs. Manths D TRY 11. BIRTHPLACE (State or foreign country) Washington, D.C. 14. MOTHER'S MAIDEN NAME Anne Luber NFORMANT Theodore Howe; College Park, Md.	Poys Hours Min. EN OF WHAT COUNT U.S.A.
Washington, D.C. 14. MOTHER'S MAIDEN NAME Anne Luber NFORMANT Theodore Howe; College Park, Md.	U.S.A.
Anne Luber NFORMANT Theodore Howe; College Park, Md.	INTERVAL BETWEEN ONSET AND DEATH
Theodore Howe; College Park, Md.	INTERVAL BETWEEN ONSET AND DEATH
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enal disease NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
Enler nature of injury in Part 1 or Part 11 of item 18.)	YES NO
CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, affice bldg., etc.)	nty) (State
Ive, held an Autapsy, Inspection, Inquiry, Suicide, Hamicide, Undetermined m, CHIEF MEDICAL EXAMINER, ASSISTANT MEDICAL EXAMINER, DEPUTY MEDICAL EXAMINER, May 18,	
S Come tery Washington 240 PECID BY REGISTRAR 240 PEGISTRAR'S SIGN	(Stote) D. C.
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART inler nature of injury in Part 1 or Part II of Hem 18.) CE OF INJURY (Home, form. 20f. (City or town) (Courary, street, affice bldg., etc.) Ve, held an Autapsy , Inspection , Inquiry , Suicide , Hamicide , Undetermined m M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER May 18, CREMATORY 22d. LOCATION (City, Yown, or county)

4 should be farward:
TO FUNERAL DIRECTOR: 0 VS. A15ME 5M 2/57

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DEPUTY MEDICAL

SEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ecute the certificate thing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director should be farwards. Ithe Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your UNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Fils designated agent, priar to burial, crematian, or removal, and in any event within 72 hours after death.

MENCEL EXAMINER'S CERTIFICATE OF DE

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Towns (cim t. 121che), M.D. M. Standard E. May 138, 1358

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FOR STATE HEALTH DEPT.

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	execute the certificat criting the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral directary		1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of A	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.	
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	PA	2/5	7		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ERTIFICATE	OF	DEATH	Reg. Dist. No.	06055
		-1.41 1.16.1 414.41		1111

1. PLACE OF DEATH o. COUNTY	Prince Ge		MARY		2. USUAL RESIDENCE (o. STATE Maryl		ed lived. If instill b. COUNT	-	• Geo	
b. CITY OR TOWN and give nearest to	(If outside corporate limits, write wn) Riverdale	RURAL	D.O.A.	N 16	c. CITY OR TOWN (orale limits, write	RURAL and	give nealest	town)
	ital or institution (i)	d. STREET ADDRESS	Oliver	Street		C	S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Filippo	ıt	Ma Middle	Monac	Last	4. DATE OF DEATH	Mav	1).	Doy	Yeor 19 58
5. SEX		7. MARRII	D NEVER MARRIED	-	ATE OF BIRTH		9. AGE (In years fast birthday) 77 yrs.	IF UNDER 1	YEAR IF UI	NDER 24 HRS.
10a. USUAL OCCUPAT during most of work Landlord 13. FATHER'S NAME	TION (Give kind of work or king life, even if retired)		and of Business or in	S	11. BIRTHPLACE (Stort Italy 4. MOTHER'S MAIDEN		ountry)	12. CITIZ	U.S.	A .
15. WAS DECEASED E	ver in U. S. ARMED FO		SOCIAL SECURITY NO.		Luci chony Roman		Address Varnum		Wash.	, D.C.
Conditions, if gave rise to imm (o), stoling the couse lost. PART II. O	rediate cause	Ca	ute congest	r ret	nal disease		CONDITION GI	VEN IN PART	1(o) 19. WAPER	REORMED?
	URY Month, Day, Yes	of the Natural of	Not while of work of work of work of work	obove	OF INJURY (Home, for , street, office bldg., et	osy, In Homicide EXAMINER CAL EXAMINER	or town) spection	(Cour , Inquiry ermined m	anner [TE SIGNED
REMOVAL (Specif Burial 23. FUNERAL DIRECTO	May 17,	1958	Port Line Address tsville, Mo	coln	Cemetery	Colm	The second secon	212	NAT (RE	itote)

MARYUND STATE OFFATMENT OF HEALTH SAITH ORE.

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			COLUMN TOWN	

FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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U	U	U	U	U
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Reg. Dist. No.

		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	0	Person (levises) MARYLAND a. STATE man, land b. COUNTY in a Spare
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give neocest lawn) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neocest lawn)
		Charerly kleader and x Seat Pleasant
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d., STREET ADDRESS e. IS RESIDENCE
7	1	mince Georges Consultangular (809-7 Street VES NO IB
	(NAME OF DECEASED Type or print) Ralphi Bernard Marrow Death Way 15 1958
	5. S	[out birthdow]
State of the last	-	rale white widowed Divorced Merch 27, 1895 63 yrs. Months Days 10018 Min.
	d	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. COUNTRY? 13. BIRTHPLACE (Stole or foreign country) 14. S. G. 15. C. 16. C.
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	1	Chy E Morrow Daise Jane Jacking
	15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or glatered service) Address Address
		yer www i land morrow, Fatt styd Kill
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congesting heart faction
		442X DUETO
		Conditions, if ony, which) (b) Cardrovescular rend alsoland
		gave rise to immediate couse (a), stating the underlying DUE TO
		cause last. (c)
	Z Q	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3	AEZ NO 🖺
	2	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Port (or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 26e. PLACE OF INJURY (Hame, form, Haur a.m. 20f. (City or town) (Caunty) (State)
	ME	p. m. 19 of wark at work
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry . and in my
		opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
		ACTUAL DATE SIGNED
		SIGNATURE M.D. CHIEF MEDICAL EXAMINER
2		EXAMINER'S ASSISTANT MEDICAL EXAMINER
		NAME (Type) JAMES 1. 1201d DEPUTY MEDICAL EXAMINER D 1200
	17	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (SAFCILY) 22b. DATE THEREOF (Signal)
	1	FINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
	3	MAY 14 SO CONTRACTOR
		1. TODICKS SOWY ILL CUS. TULL INVI DATE

TO DEPUTY MEDICAL EXA

TO DEPUTY MEDICAL EXA

execute the certificat

4 should be forward

70 FUNERAL DIRECTOR: P

AMINER: This certificate should be executed within 24 hours after death. If any delay is necessary piting the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your Page 3 should be used as a burial-transit perpet. File pages 1 and 2 with the State Boord of prior to burial, cremation, or removal, and in any event within 72 hours after death.

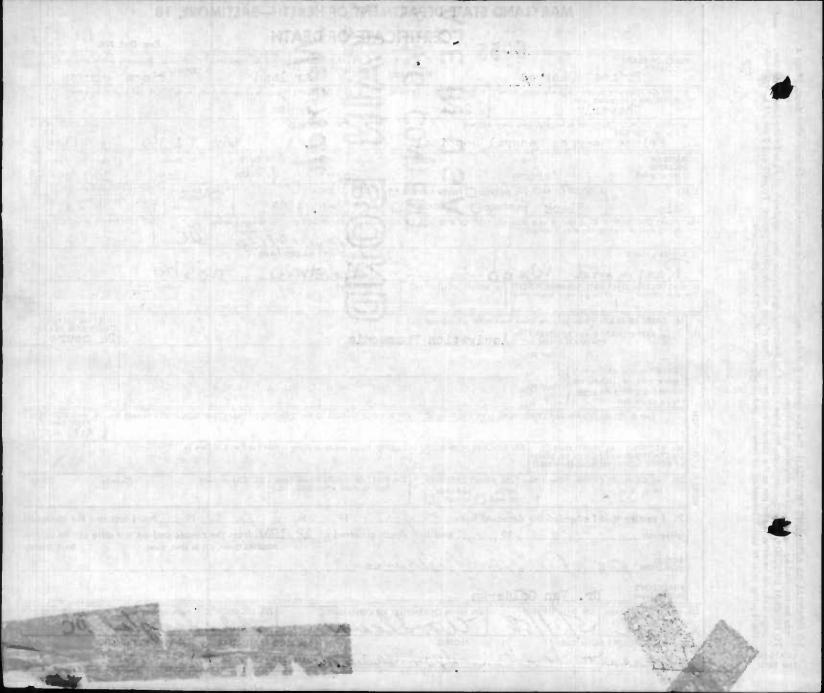
MEDICAL EXAMINERS CONTINUES OF DEATH

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MARYLANI	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
	0 5/07/50	or treatment bachinotte,	-

	1412-017	PULL A	WIF DELVI	MILIAI OI	HEALITI-DAL	HIMORE, 10	
Item 8,	Film	G229,	5/27/58 CERTIFI	CATE OF	DEATH		06057
		COEK	CERTIFI	CATE OF	DEATH	Reg. Dist. No.	Report
		17 10 10 1		11			

	60	EK CERTIFIC	CATE OF DEA	In	Reg.	Dist. No. (1000)
1. PLACE OF DEATH o. COUNTY Pri	nce Georges	MARYLANI	2. USUAL RESIDENCE (o. STATE Mary	Where deceased liv	ed. If institution: Reside b. COUNTY Prince	dence before admission)
RURAL and give	(If outside corporate limits, write nearest town) Verly	c. LENGTH OF STAY IN 19	c. CITY OR TOWN (A CONTRACTOR OF THE PARTY OF TH	limits, write RURAL on	ed give nearest town)
	PITAL (If not in hospital, give stre	eet address)	d. STREET ADDRESS		x X 1 350	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Jerome	Middle	Last	4. DATE OF DEATH	Month Mav	Day Year 10 19 58
s. sex Male	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9 1	AGE (In years IF UND ost birthday) Month	ER TYEAR IF UNDER 24 HRS.
10a. USUAL OCCUPAT	TION (Give kind of work done librating life, even if relired)		DUSTRY 11. BIRTHPLACE ISSU	ofe or foreign count	yrs. 18	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		1	14. MOTHER'S MAIDE	N NAME	DC	
Kay m	ver IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17	Beatn.	ce m	10564	
(Yes. no. or unknown)	Ill yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	. INFORMANI		Address	1
491 X	DUE TO	r line for (o), (b), and (c).]	monia			INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if gove rise to couse (a), sloting lying couse lost	g the under-					
PART II. OF	THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING 20b. D IG CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RRED. (Enter noture of injury	in Port I or Port II o	of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	19 Wh		PLACE OF INJURY (Home, for factory, street, office bldg.,	orm, 20f. (City or etc.)	tawn)	(County) (Stote)
21. I certify tolive on	that I attended the dece 5-9-58, 19			100M from th		l lost sow the decease the date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	Dr. Van Geld	aran	m.y			
BENOVAL (Spects	ON, 226. DATE THEREOF	22c. NAME OF CEMETER	of CREMATORY aun	22d. LOCATION	(City, toun, or county	Ta Solote)
23 NUNERAL DIRECTOR	R'S SIGNATURE T	ADDRESS HOO4 &	La area Ma DATE	EC'D BY REGISTRAR	24b, REGIST AR'S	SULLA



c. LENGTH OF STAY IN 16

34 days

MARYLAND

College Park

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE 10. b. COUNTY

c. CITY OR TOWN (If autside carparale limits, write RURAL and give nearest town)

Reg. Dist. No.

Prince Georges

(Mg	

1. PLACE OF DEATH o. COUNTY

Prince Georges

b. CITY OR TOWN (If autside corporate limits, write

RURAL and give nearest town)
Cheverly

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HO	FUN FUN Dage	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	may be retained by the point or attending physician. TO FUNERAL DIRECTOR: To FUNERAL DIRECTOR: To FUNERAL DIRECTOR: To Funeral or attending physician and campletely filled in by the funeral page 3 shauld be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.	
1	SM 10/57	

3	NAME OF DECEASED	es Genera	l Hospit	al	1	8411	48th	Ave.		ON A I	
	NAME OF DECEASED	El				مقر مقر استاک	-4-17 CA4	EL V G A		163	NO 📑
5	(Type or print)	James		Middle Madiso	n Myr	lost ick	4. DATE OF DEATH	Mont		- 0	ear 9 58
	. SEX	6. COLOR OR RACE	MARRIED TO					9. AGE (In years	IF UNDER 1 YEAR	-	
351	Male	77	VIDOWED	DIVORCED	1	. 1906		last birthday)	Months Days	Hours	Min.
11	On USUAL OCCUPATIO	N (Give kind of work doing life, even if retired)	ne 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIRT	HPLACE (Stat	le ar fareign co		12. CITIZEN (OF WHAT	OUNTRY
I	Printer	ang me, even ir remed)	News	paper	Che	atthan	m Co.,	N.C.	U.S	.A.	
h	3. FATHER'S NAME Clay M	wrick			14. MOTH	ER'S MAIDEN	NAME	hrower			
19		R IN U. S. ARMED FORCE	ES? 16. SOCIAL S	ECURITY NO. 117.	INFORMANT	Mai CII	a A. I		0/11	40+1-	A ====
(No No	If yes, give wor or dotes of services. None	unkn			line	C. Myr		"8411 College		
		TH [Enter only one cous	e per line for (a),	(b), and (c).]	,	1			IINT	ERVAL BET	WEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	M	assi	u	21.	here	mhise	UN	SET AND D	PEATH
	581.0	DUE TO	10	2 Feel	/	7	,	-		2	
	Canditions, if ar		10	rece		ent	40 40			Jy Co	27
	cause (a), stating (0	
2	lying couse lost.	(c)_	TIONIS CONTRIBUTION	Thus so positive							
O	5	ER SIGNIFICANT CONDI							N IN PART 1(a)	PERFOR	MED?
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter natu	re of injury in	Part 1 ar Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Year	20d. INJURY OC While Not of work at w	while 1	LACE OF INJUI	RY IHome, for ffice bldg., e	m, 20f. (City (or tawn)	(County)		(State)
	21. I certify the	at 1 attended the a	leceased from	april	14, 19 -	R ta	may 10	19 17	that I last so	aw the d	eceased
	alive on	ULY /)	, 12 17	and that deat	h occurred	at 5.30	A.M. from	the causes ar	nd an the do	te stated	ahove
		28/11/11/11/11	ander 1			10		eet, city ar tawn, s			E SIGNED
,	ACTUAL SIGNATURE	14ms wo	auta	/	M.D. 30	-CK	DOLE	RO CRI	ENBELL	MEI -5.	-18-5
1	PHYSICIAN'S NAME (Type)	HANS WODAK	M.D.		30-	-C Ric	dge Ro	ad, Gre	enbelt	. Md.	
27	PEMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NA	ME OF CEMETERY				ON (City, town, at		(State)	
	Burial	5/2/	58 Fo	nt ter	reals	v	Blan	elense	neg. 8	me	1.
23	B. FUNERAL DIRECTOR'S	SIGNATURE	ADI	ORESS M	,,	24a. REC	D BY REGISTR	AR 24b. REGIST	RAPS SIGNATU	RE	
L	W.W.	Cham	ausci	Jules	lake -	Woole.			1 -1	7	
						N	MALZIT	O TIP	A DRILLE		

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10	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE	>	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0605	9
HEALTH DEPT.	-	Reg. Dist. No.	
8 8 . £	1.	o. COUNTY O. STATE AM	
Heodih.		D. CITY OF TOWN (If outside corporate limits, write BULA) and give people (own)	-
of thory		and give optical found (heaveleds & D.D.C. & Ward Conserve	
direction direct		d. NAME OF HOSPITAL OF INSTITUTION (If pot-in hospital, give street address) d. STREET, ADDRESS	NCE
he ed in		Prince Seores Sen Hosp- Hyattrille VES NO	
fun fun Stat deat		NAME OF DECEASED Aliddle Lost / 4. DATE Month Doy Year	
the The	5.	(type or print) Jeone Janald Vicash DEATH Way 25 195	-
lf o 3 to may with mrs o	7	Manth Doys Hours Min	-
ond ond 12 12 hou	100	USYAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU	LITEV
2. 2. Pog on 72		Sund most of working life, even if retired)	NIKI
offe G. 1.	13.	FATHER'S NAME	
Poges PM3.	11	Vilmer & Wash Katherme I Endlesforth	
form File	15. (Ye	WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
hin		Wilmen J. Pash; some address-	
m I m I m I m I m I m I m I m I m I m I		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	
to old		IMMEDIATE CAUSE (o) Ausphysical	
Affice Trong		Conditions, if ony, which) (b) (conditions, if ony, which)	
Tree of the		gove rise to immediate couse	
0,000		(c) stoting the underlying DUE TO	
ling in a share sh	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
fical bend to a see	CERTIFICATION	PERFORMED YES ☑ NO	
d d'il	PTIF	200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of Item 18.)	
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ER: 3 sh a sh	MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stown) (Stown) (County)	10)
thing the oge	×	5-48 - 5-25- 188 of work of work & Highway Kenllund - M. Geo - Mod	10
X S S S S S S S S S S S S S S S S S S S		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in	my
AL E		opinion death resulted fram: Natural causes [], Accident [X], Suicide [], Hamicide [], Undetermined manner []	
Partificial Partif		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED	0
ME be feel for the feel feel feel feel feel feel feel fe		ASSISTANT MEDICAL EXAMINER []	
desi desi		EXAMINER'S JOHN T- MALONEY, M.D. DEPUTY MEDICAL EXAMINER 5 5-25-58	
should be should	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
5 g 4 5 g	22	3/29/58 Fort Length Calmar Manar Me	
VS. ATSME	43.	11/2 P. 1. S. C. 314 181 4 16	
5M 2/57	3	, wim fel s soms to to - the st y. E. DAIL 17 27 158 Will educe	

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6004 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DE	ATH Prince Georg	re's	MARYLANE	2. 1	USUAL RESIDENCE (No. STATE Maryla	Where decease	ed lived. If institut b. COUNTY	1			sion)
b. CITY OR TO	OWN (If outside corporate lim	-	c. LENGTH OF STAY IN 11		c. CITY OR TOWN (I		porote limite write				0
RURAL ond	give nearest lown) ttsville. Md.			1	part .		le Md.	KOKAL ONO	give ne	niezi iówi	,
	HOSPITAL (If not in hospital,		address)		d. STREET ADDRESS					e. IS RES	
4922	40th Plac	e			4922 4	10th P	lace				A FARM?
3. NAME OF DECEASED (Type or print)	Na:	rciss	Middle Sa G	No	lost rton	4. DATE OF DEATH	Мо	nth y 13,	195	у	Yeor
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DA	ATE OF BIRTH		TO ACE UP	TIE LINIDE			ER 24 HRS.
female	white	WIDOW		00	t 10. 18	83	lost birthday)	Months		Hours	Min.
10a. USUAL OCC	UPATION (Give kind of work	done 10b.	KIND OF BUSINESS OR INI	DUSTRY					ITIZEN C	L WHAT	COUNTRY
ouring most	or working life, even it refired)							SA		
13. FATHER'S NA	ousewife		own home	14	Virg.			10.	- 11		
				1							
16 WAS DECEAS	Albert Mon			121500	Nancy P	eacock					
Yes, no, or unknown	(If yes, give wor or dates of s		SOCIAL SECURITY NO. 17	. INFOR	MANT		Add	dress			
	no			John	B Norto	n_E	Ivattsvi	lle N	ld.		
gove rise cause (o), s lying couse	s, if ony, which to immediate DUE TO) ;)	THE METERS					VEN IN PA		19. WAS	AUTOPSY
I S											RMED?
U (IF EITHER, N	NT WAS UNDERLYING BUTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	100	CRIBE HOW INJURY OCCUR				ort II of item 18.)				
20c. TIME OF Hour	INJURY Month, Day, Ye o. m. p. m. 19	or 20d. It While of wor	_ Not while	PLACE (factory,	OF INJURY (Home, for street, office bldg., e	erm, 20f. (Cit	ty or town)		(County)		(State)
21. I certialize on_	1	, 19_5	C, and that dea	th acc		AM, fro	m the causes Street, city or town,	and on	last so the da	te state	ed above
SIGNATURE_	In acco	2.12	loyees	_ M.D.	2505	rer	1475			07	4-1-6
PHYSICIAN'S NAME (Type	1/19/40 1		Moyers	200	Mt. K	Pains	er Me	1			
REMOVAL (S	0/10/0		22c. NAME OF CEMETERY Lewinsville		MATORY Cemetery	Lew i	ATION (City, town, insville			(Stote	
23. FUNERAL DIR	ECTOR'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGIS	TRAR 24b. REG	STRAR'S S	IGNATU	RE	
	F. Gasch's S	ons	Hyattsville	Md.	DATE N	MAY 1 9	58 ()	Les	111/2		

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FOR STATE HEALTH DEPT

Or

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06061

	013	18					Reg. Dis	I. No.	
o. COUNTY	rince Georg		MARYLAND	2. USUAL RESIDENCE (VO. STATE D. C.		osed lived. If instill b. COUN		ce before adn	nission)
and give nearest town	autide corporate limits, write		transient	c. CITY OR TOWN (III Washi	f outside co		e RURAL and g	give nearest to	own) 🗸
	at or institution (i	f nat in hospital,	give street address)	d. STREET ADDRESS	12 S	treet, S.	E.	ON	RESIDENCE A FARM?
NAME OF DECEASED (Type or print)	Corine	E.	Middle Palmer	Lost	4. DATE OF DEATH	Mon	20	Doy	Year
SEX	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED B) bearing	9. AGE (In years last birthday)	IF UNDER 1	The second secon	19 58 DER 24 HR Min.
during most of working	Colored ON (Give kind of work of glife, even it retired)			1-13-19 RY 11. BIRTHPLACE (Stole	or foreign	country)		EN OF WHAT	
Clerk 3. FATHER'S NAME		Cen	ter Market	Virginia				U.S.	A
Sam Ki	ta			14. MOTHER'S MAIDEN I		M 13			
	ER IN U. S. ARMED FOI (II yes, give war or dates of			FORMANT		Strother Address address a	and the second		
Conditions, if o gove rise to immed (o), stoting the cause tost.	diole couse		Snotgun woun	ds of arm an	d che	st.			
PART II, OTH	ier significant coni	DITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GI	VEN IN PART I		AUTOPSY ORMED?
PRIMARY DE OF COIL CAUSE OF DEATH.	JSE WAS NTRIBUTING [] 20			nter noture of injury in Por by another					
20c. TIME OF INJUI	May 1219	20d. INJUI	Not while of facts	CE OF INJURY (Home, farm ory, street, office bldg., etc.	20f. (Cit	y or lown)	(Count	g Pr.	(State)
			oins described abo	ve, held an Autaps], Suicide [],		Inspection of		ar ar	nd in m
ACTUAL SIGNATURE	John D:	Wale	ney	_M.D. CHIEF MEDICAL EX				DATE	SIGNED
EXAMINER'S NAME (Type)	John T. Ma	loney. M	1.D.	ASSISTANT MEDICAL		_	lay 12,	1958	
	N. 226. DATE THEREO		NAME OF CEMETERY OR	CREMATORY	22d. LOC/	ATION (City, Iown,	or county)	(Stol	
. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS MEMO	24o. REC'	D BY REGIS	TRAR 246 REG	STRAR'S SIGN		D
- TAYLOR	FUNERAL HO	ME INC.	1702 12TH	ST . N. W. DATE M	MIII	-	11-10000		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate titing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director age 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your ass.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremotion, or removal, and iny any event within 72 hours ofter death. VS. A15ME 5M 2/57

TET BECKNUR - INTERSE TO THE MIRAGEOUT TE BRAIN AM UNITARE TO ETADISTINSD EISENBACKS JACKSMI.

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certification withing the ward "pending" in pendil in flem, 18. Give Pages 1, 2, and 3 to the funeral director has a should be forward, to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you see.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Freath, or its designated agent, prior to burial, cremation, or its designated agent, prior to burial, cremation, and is any event within 72 hours after death.

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06062

Rea. Dist. No.

PLACE OF DEATH	Prince (Georges	MARYLAND	2. USUAL RESIDEN o. STATE	CE (Where decea	sed lived. If institu	tion: Residence bef	
b. CITY OR TOWN (I and give nearest fow: Cheverl	n)	write RURAL C	LENGTH OF STAY IN 16	16	/N (If outside cor	porote limits, write		
	V	N (It not in hospite	al, give street address)	d. STREET ADDR	ESS			e. IS RESIDENCE
Prince G	eorge's (General	Hospital	6705	C Str	eet		YES NO
3. NAME OF DECEASED (Type or print)	John	First Edward	Middle Payne	Lost	4. DATE OF DEATH	Month May 2	6, 1958-	Yeor 19
s. sex male	6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	Dec 12,	1906	9. AGE (In years lest birthday) 51 yrs.	IF UNDER TYEAR Months Days	Hours Min.
during most of working	ON (Give kind of wo	ed)	o of Business or Indus		inia	country)	12. CITIZEN OI	WHAT COUNTRY?
	Lynn Payr	ie		Virgi	nia Eye			
15. WAS DECEASED EV	/ER IN U. S. ARMED (If yes, give wor or date			NFORMANT Sertha L P	ayne S	Address eat Plea	sant, Md	
Conditions, if of gove rise to imme lo), storing the couse lost. PART II, OTI PRIMARY Or CO CAUSE OF DEATH.	underlying DUE	(c)	RIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISEAS	ELIPL.		P. WAS AUTOPSY PERFORMED?
	NTRIBUTING []	20b. DESCRIBE H	OW INJURY OCCURRED. (inter noture of injury i	n Port I or Port II	of item 18.)		
Y 20c. TIME OF INJU		While	Not while of work	CE OF INJURY (Home, ory, street, office bldg.	form, 20f. (Cit	y or fown)	(County)	(State)
	resulted from: AMOS DN, 72b. DATE THE		nains described aboutses M. Accident	, Suicide	, Homicide AL EXAMINER EDICAL EXAMINER CAL EXAMINER	o me	Inquiry in mined manner manner	ond in my or DATE SIGNED (Stole)
23. FUISERAL DIRECTO	S STONATURE	100	ADDRESS	Q. 10 W 240)	REC'D BY REGIST	TANA IRAR 246 REGIS	TRAR'S SIGNATUR	//D.

MERICAND STATE DEFAMINANT OF HEALT (-HALTIMORE 18

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100 美一大大人的第三人称单数		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNT. o. STATE b. COUNTY b. CITY OR TOWN Ill outside corps C. KENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lights, write RURAL and give nearest town) 40 P T. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES T NO F retained NAME OF 4. DATE Month DECEASED OF DEATH (Type or print) MARKED NEVER MARRIED 18. DATE OF BIRTH P. AGE (In years 5. SEX FUNDER TYPER IF UNDER 24 HRS Months Doys Hours DIVORCED [JUSUAL OCCOPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? hemical Gaerpion 13. FATHER'S MOME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Iff yes, give war or dates of service INTERPAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). pec P PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit Office DUF TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES | NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (County) 120f. (City or fown) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection! Inquiry 4 and in my opinion death resulted from: Natural causes [7] Suicide . Homicide . Undetermined manner Accident Farwo DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 oods awn ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRARYS SIGNATURE **VS. A15ME** DATE 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

al store that will be the store of the state MEDICATE CAMPITEES CENTRICATE OF DEATH THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. The second section and processing a company of the second section and the second section and the second section and the second section The same of the same

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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-			700							Mag. DI	31, 140,		
1.	o. COUNTY Prin	ce Georges		MAI	RYLAND 2		rylar		l lived. If institut b. COUNTY	on: Resider	nce before	odmiss	ion)
	RURAL ond give	verly		c. LENGTH OF STA		6 Mt.	-	utside corpor	rote limits, write l				
	or institution			Hospital	1	d. STREET ADI	_	Joshur	St.			ON A	IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Albert	st V	Midd		tosi olyansk	i	4. DATE OF DEATH	Mo		Doy 21		Yeor 19 59
	SEX	6. COLOR OR RACE			RIED 8. C	ATE OF BIRTH			9. AGE (In years lost bighday)	e)	1 YEAR IF		
	Male	White	WIDOWE	_		ll July		919	38 yrs.		Duys	110013	Min.
	Carper	TION (Give kind of work or orking life, even if retired that)	elf employ				or foreign co	ountry)	12. CI1	US A	WHAT	COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S M	ALIDEN N	IAME					
1)	Re	uben L. Pol	yansk	i	10-	Bertl	ha My	rers					
15.	WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. INFO				Add	ress	*	7 1/2	
L	no	lit yes, give war or dates of s	21	4-05-2064		C. Mae I	Polya	nski-	Wife-	same	as #	# 2	
	1		aci	ste He	cemo alrae	new	gre	Po	a s	tite	ONSET		TWEEN DEATH
_	lying couse los	g the under-)			0						1	
CERTIFICATION		THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT NO	T RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFO	AUTOPSY RMED?
	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH I'Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED. (E	nter noture of i	njury in P	ort I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m p. m	10	While	Not while of work	20e. PLACE foctory	OF INJURY (Ho , street, office b	me, form, oldg., etc.	20f. (City	or town)	(0	County)		(Stote)
	21. I certify alive an ACTUAL SIGNATURE	that I attended the 3 May eon L	decease 19_3 200s	80	957 It death ac	., 19, curred at 4			the causes of the cause of	and an t		state	deceased ed abave. TE SIGNED
	PHYSICIAN'S NAME (Type)	Dr. Leon Ga	llin.	M.D.		Ĺ	W. K	Lyoth	will	P 40° CC also also CC also pice	M	d	
-	REMOVAL (Specif			Dur Lady					ION (City, town,			(Stote	:)
23.	HOPPING	FUNERAL HOL	45//A	ADDRESS nnapolis,	Maryla	-2	40. REC'D	BY REGISTE	RAR 24b. REGI	STRAR'S SIG	GNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; may be retained by the poital ar attending physician.

O FUNERAL DIRECTOR: Let this certificate has been signed by the attending physician and completely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should-be the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. may be retained by the TO FUNERAL DIRECTOR: VS A15 (4) 1SM 10/57

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Val _ 0_ (0	or
	A PER

06065 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (outside corporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) earest town) TO d NAME OF HOSTITAL (If not in pospital give street address)
OF INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 101 YES NO P 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 9. AGE (In years lost birthdoy) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED | DIVORCED yrs. d 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if setired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT CAUSE OF DEATH | Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which burial-transit permit gove rise to immediate **DUE TO** couse (a), stoting the underpup lying couse lost. physician CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/DUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO F 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 6 P alive an _M, from the causes and an the date stated above. DIRECTOR: ACTUAL D shaul FUNERAL PHYSICIAN'S NAME (Type 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d LQCATION (City, fown, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES! 24a. REC'D BY REGISTRAD 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME 5M 2/57

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MARYLAND	STATE	DEPARTMEN	IT OF HEA	LTH-BA	LTIMORE,	18	() (
MEDIC	AL EY	A MINIEDIC	CEPTIEIC	ATE OF	DEATH		()

RYLAND ST	ATE DEPARTME	NT OF HEALTH-	BALTIMORE,	18 060	66
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	(, 0 0	
6061				Reg. Dist. No.	

PLACE OF DEATH	000	1	2. USUAL RESIDENCE	(Where decens	ed lived If institu	dion- Residen	ce before odr	nission)
o. COUNTY	Prince Geor	rges MARYLAND		land	b. COUNT	V == .	nce G	
b. CITY OR TOWN (If and give nearest town)	outside corporate fimits, write RURAL		c. CITY OR TOWN		porate limits, write			0
Riverda	le Md		14- Col	llege F	ark, Md			
		n hospitol, give street address)	d. STREET ADDRESS	5			10	RESIDENCE
William Committee of the Committee of th	morial Hospi	tal	7507	Girard	Street		YES	NO NO
3. NAME OF DECEASED (Type or print)	Richard 1	Knowlton Pres	ton	4. DATE OF DEATH	Mont May		Doy	Yenr 19 58
5. SEX		ARRIED NEVER MARRIED	Aug 30, 195	57	9. AGE [In years lost birthday]	IF UNDER 19		DER 24 HRS. Min.
male		THE BOTTOMEST BY			угя.			
during most of working	one One	06. KIND OF BUSINESS OR INDUST	IRY II. BIRTHPLACE (SIG	Maryl		12. CITIZE	EN OF WHA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
	Richard Know	lton Preston,Sr			rsa Ber	ry		
	ER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
(141, no, or onknown)	no	none R	ichard Know	vlton F	reston	Sr Col	lege 1	Park,
Tra course of new	ni le .							
	TH Enter only one couse per	line for (o), (o), and (c).					ONSET AND D	VEEN EATH
And the second	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Acute congestive	heart fail	ure				
491X	DUE TO							
Conditions, if a	1:12	Bronchopneumonia	La Company					
gave rise to immed	liote couse	Za ottomophio tamonia.	•					
(a), stating the u						10-10		
couse last.	(c)							
FART II. OTH	IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	RMINAL DISEAS	CONDITION GI	EN IN PART	1(a) 19. WAS	AUTOPSY
Ě							YES T	ORMED?
200. EXTERNAL CAU	ISE WAS 2016 DES	CRIBE HOW INJURY OCCURRED. (Foler polyre of injury in P	Part I as Part II	of item 18)		165	110
PRIMARY O or CON	NTRIBUTING []	CRIBE HOW INJURY OCCURRED. (1	thier holdre of injury in F	or For II	or item 18.)			
20c. TIME OF INJUR		While _ Not while _ fact	CE OF INJURY (Home, fo ory, street, affice bldg., e	orm, 20f. (City	or town)	(Count	(y)	(Slole)
		ol work of work	1 11	-0.73	. 185-		-46	
21. I certify th	at I tack charge at t	he remains described abo	ve, held an Autor	psy 🔼, li	spection 🔼	Inquiry	A , a	nd in my
apinion death	resulted from: Natur	al causes 🚾 , Accident	, Suicide .	Hamicide	. Undele	rmined me	anner 🗍	
0		4						
ACTUAL ()	1000	-1	CHIEF MEDICAL	EVAMINED T			DATE	SIGNED
SIGNATURE	inn J. III	world	m.b.		_			
EXAMINER'S			ASSISTANT MED	ICAL EXAMINE	R 🔲			
NAME (Type)	John T. Malor	nev. M.D.	DEPUTY MEDICA	AL EXAMINER	May	3. 195	8	
220. BURIAL, CREMATIO REMOVAL (Specily)	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR			ION (City, town,	or county)	{Sic	ote)
Burial	May 5, 19				nington			
23. FUNERAL DIRECTOR		ADDRESS		C'D BY REGIST		STRAR'S SIGN	NATURE	
F. Gas	ch's Sons H	yattsville, Md.	DATE	IAY 7 '5	8 lele	Legis	h	
	1111				1 2000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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. .. could be with the contract of the contract parties in the same of the sam Tanker of the same CLUSTER AND LINE TO THE PARTY OF THE PARTY O are all the file and water and by only in our line erritate desert watersames school The state of the s John M. Haloney, M.O. to the area of the second management of the second Charle In the State of Live ad avenue annex at death . N

FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificated criting the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director flege 4 should be farward 5 the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your est.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS. ALSME

5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	5055	Reg. Dist. No.
	I. PLACE OF DEATH O. COUNTY OM CL. STREET MARYLAND	o. STATE b. COUNTY
	b. CITY OR TOWN (It autside corganate filmits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OF JOWN (If outside corporate limits, write RORAL and give nearest lown)
,	end georgenest town) 2000	X Boure, md-
2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Sanhony . IS RESIDENCE ON A FARM?
7	3. NAME OF Signs Sen-HO2P	1 5-0-120x, 272-Swenge, YES NO
	DECEASED (Type or print) Clifford Rames	Reed 1. DATE Month Doy Year DEATH May 28 1958
	5. SEX 6. COCOR OR RACE 7. MARRIED NEVER MARRIED 8 White WIDOWED DIVORCED 1	5-28-79 9. AGE (In your IF UNDER 1YEAR IF UNDER 24 HRS. 7 9 yrs. Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST ducing most of working life form if retired)	RY 11. BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY? WWW. YORK U.S.G.
/	13. FOHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes or unknown] [If yes, give wor or dates of service)	FORMANT APOTPOS
	No 126-10-220 J	Ouis Henry Reed Same address
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	976 × DUE TO	gio mocic
	Conditions, if ony, which) (b) Amountally	ounder abdomen
	gave rise to immediate cause (a), stating the underlying DUE TO	
	COUSE TOST. (c)	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
)	The state of the s	PERFORMED?
	CAUSE OF DEATH.	nter noture of injury in Port or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAN Hour p. m. 5-27-579 While of work of work of work of work	CE OF INJURY (Home, form, 20% City or town) (County) (Stote)
	21. I certify that I took charge of the remains described abo	ve, held an Autapsy , Inspection , Inquiry , and in my
	opinion death resulted fram: Natural causes, Accident [, Suicide , Hamicide , Undetermined manner
	ACTUAL SIGNATURE JOHN D. Wilmey	_M.D. CHIEF MEDICAL EXAMINER []
ø	EXAMINERS TOAN T-MALONEY, M.D.	assistant medical examiner \(\begin{align*} &
	220. BURIAL CREMATION 270. DATE THEREOF 220. NAME OF CEMETERY OR	(2 T. / 1 7/
	23. FUNERAL DIRECTOR'S STONATURE ADDRESS	MI DATE CANADA 246. REGISTRAR'S SIGNATURE
	The state of the s	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6099 CERTIFICATE OF DEATH

1. PLACE OF DEATH					Reg. Dist. No.	
LITHGO	Georges	MARYLAND	CTATE	b. COUNTY	on: Residence before admission) Pr. Geo!s.	
b. CITY OR TOWN (If autside co RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside carporate limits, write R		
d. NAME OF HOSPITAL (If not in the control of the c	in hospital, give street	Tife address)	d. STREET ADDRESS	ellville	e. tS RESIDE ON A FA	NCE RM?
Central Ave	nue		Central A	venue	YES N	
NAME OF DECEASED (Type or print)	Dean	Middle Fdwd	d Rejo	4. DATE Mon	th Day Yeo V 29 19	-
SEX 6. COLO	R OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 2	
	ite widow		Feb 23, 19.	58 yrs.	Months Days Hours	Min.
Do. USUAL OCCUPATION (Give kinduring most of working life, ev	ind of work done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State of	or fareign country)	12. CITIZEN OF WHAT CO	UNTR
			Marylar	nd.	U. S. A.	
B. FATHER'S NAME			14. MOTHER'S MAIDEN N			
	ge Reio		Mary Fra	ances Stewar	t	
S. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress	
No			Thomas George	Reio Mito	hellville, I	Md.
Canditions, if any, which gave rise to immediate cause (a), stating the under-	(0)					
lying cause last.) (c)					
lying cause last.) (c)	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUT PERFORMI YES N	ED?
PART II. OTHER SIGNIF 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	FICANT CONDITIONS C		UT NOT RELATED TO THE TERMIN		PERFORM	ED?
lying cause last. PART II. OTHER SIGNIF	(c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CRIBE HOW INJURY OCCURION OCCURRED 20e. Not while		20f. (City or town)	PERFORMI YES N	ED?
Iving cause last.	(c)	CRIBE HOW INJURY OCCURION NOT WHITE CONTROL OF WORK CONTROL OF	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 1955, to 20 th occurred at 3	20f. (City or town)	(County) (County) (County) (County)	(Stote)
Iving cause last.	(c)	CRIBE HOW INJURY OCCURION NOT While at work ed from 29 200. and that dea	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 1955, to 20 th occurred at 3	20f. (City or town) 20f. (City or town) M, from the causes of DDRESS (Street, city ar town,	(County) (County) (County) (County)	(State)
Iying cause last.	(c) FICANT CONDITIONS (STEAM) FICAN CONDIT	CRIBE HOW INJURY OCCURION NOT While at work ed from 29 200. and that dea	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 1956, to 26 th occurred at 20 M.D. Upper 1	20f. (City or town) 20f. (City or town) M, from the causes of DDRESS (Street, city ar town,	(County) Chat I last saw the de and on the date stated state) DATE Tryland.	(State)
Iving cause last. PART II. OTHER SIGNIF 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE CA	YING DESTRICT CONDITIONS OF DEATH EXAMINER) Day, Year 20d. H White 19 at war ended the decease 19 Sasscer	CRIBE HOW INJURY OCCURION NOT WHITE COMMENTS OF THE COMMENTS O	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 1952, to 29 th occurred at 3 M.D. UDDer 1 OR CREMATORY	20f. (City or town) 20f. (City or town) M, from the causes of DDRESS (Sireet, city or town, arriboro, Marlboro, Marlboro, Marlboro, City, town, control of the causes of	(County) Chat I last saw the de and on the date stated state) DATE Tryland.	(State)
Iying cause last.	FICANT CONDITIONS OF PICANT CONDITIONS OF PICANT PICANT CONDITIONS OF PICANT PI	CRIBE HOW INJURY OCCURION NOT While at work and that deal of the d	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 1950, to 20 th occurred at 20 M.D. Upper In OR CREMATORY 1theran Cam: 24a, REC D	20f. (City or town) 20f. (City or town) M, from the causes of DDRESS (Sireet, city ar town, carbon, Marlboro, Marl	(County) Chat I last saw the de and on the date stated state) DATE Cryland (State)	(State)

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may be retained by the TO FUNERAL DIRECTOR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		61	Item 263	CERTI	FICA	TE OF D	EATH	-BALIIM	JKE, I	Reg. D	ist. No	4, -	068
		ince George		MARY		o. STATE	Md		COUNTY	Pri	nce	Geor	ge
	Charer 37	MA		LENGTH OF STAY	avs	Mt. R		tside corporate lim	its, write R	URAL ond	give nec	arest tawr	n)
	d. NAME OF HOSE OR INSTITUTION	TAL (If nat in hospital.		dress)		d. STREET AI		del Rd.		36			SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fi	ary	Middle C.	Rh.	ne lost		4. DATE OF DEATH	Man	th lay	3) a	Year 19 58
E	sex 'emale	6. COLOR OR RACE White	WIDOWED	DIVORCED		1-26-7	8	80 1	(In years buthday) yrs.	Months Months	Doys	Hours	ER 24 HRS. Min.
	Retired	ON (Give kind of work rking life, even if retired	done 10b. Kil	Olerk	R INDUST		Maryl	and		12. CI		S.A.	COUNTRY
13.	FATHER'S NAME	John S Ar	thur			14. MOTHER'S		meline I	ampna	an			
15. (Ye	WAS DECEASED EV s, no. or unknown)	ER IN U. S. ARMED FOR (It yes, give wor or dates of		CIAL SECURITY NO.	17. IN	FORMANT	Jesse	D. Jenes	Add		dres	18	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	10	for (6), and (c).]	n	m a	n	Cm	57	Sd	INT	ERVAL BE	
	904, 0 Conditions, if		/	leter	0	Sel	- 1	IL de)				
	gove rise to couse (o), stating lying couse lost.	the under-	Por	that.	7	zuc	4	left	fer	neu			
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS CON	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	IAL DISPASE COND	ON GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING ESCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) Fall in home												
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.		ar 20d. INJU While	Not while	20e. PLAC	CE OF INJURY (Hory, street, affice	tome, farm, bldg., etc.)	A COLUMN TO A COLU			County)		(Stote)
-	21. I certify t	hat I attended the		from		, 19	6:05A	Mt. Rai					decease
	ACTUAL SIGNATURE	And.	Mal	and that			A	M, from the operation of the control	y or town,	state)		D/	ATE SIGNE
	PHYSICIANS NAME (Type)			D. Deput				Pr. Ge			5	-3-5	8
K	BURIAL GREATER	5-6-1	958 2	2c. NAME OF CEME				22d. LOCATION (C			0,6	(Stot	e)
	funeral director	S SIGNATURE Funeral Hor	ne, 131	460kess -11th St.	S.E.	1	24a. REC'D DATE	BY REGISTRAR	24b. REGIS	STRAR'S SI	GNATU	₹E	

. and . for the following the same of the Tyles (et 15 to 15 district the contract of the c requires that the death certificate TO HOSPITAL OR

*.				Keg. I	DIST. NO.
White WIDOWERS DIVORCED Sep 6, 1896 GT birthdoy) yrs. Manths Days Hours Min. ON Give kind of work dane life in the relief of the work dane life in U. S. ARMED FORCES? If you give wor or date of service If you give wor you give wor you give wor or date of service If you give wor you					
If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate lim	its, write RURAL and	d give nearest town)
	1 week	38 Cheverly	r, Md.		
TAL (If not in hospital, give street o	oddress)	d. STREET ADDRESS			
ewey Street,.		3106 Cr	est ave		
if outside corporate limits, write corest town) If outside corporate limits, write corest town) I week I widdle I wate of Birth Sep 6, I worken dane I week I		OF			
white			9. AGE 61'	birthdoy) Manths	
king life, even if retired)					and a
	English n				
(If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I		orn Ch		Md.
ATH WAS CAUSED BY:	e for (a), (b), and (c).]	rdial c	lufar	etim	
DUE TO			1		
mmediate (DUE TO					
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	DITION GIVEN IN PA	PERFORMED?
CAUSE OF DEATH	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Part II af it	em 18.)	
While	_ Nat while for	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.	20f. (City or taw	n)	(Caunty) (State)
at 1 altended the decease 5 12 1	1	occurred of 2:15		couses and on	
AC (If not in hospitol, give street oddress) AC (If not in hospitol					
F.E. Mu	COURT OF TOWN (If outside corporate limits, write RURAL and give nearest town) Note that the property of the corporate limits, write RURAL and give nearest town)				
			- Ann - Ann	2.0	
'S SIGNATURE	ADDRESS	24a. REC'E		~ /	SIGNATURE
. dasch s son	s HyacusvIII	DATE		dag 1 a.	· a da

15/2	Carrier P.				
10 Sept -		The state of the	2 1/2		
agrangia					

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death; may be retained by the spital or ottending physician. TO FUNERAL DIRECTOR: The fune of the spital or of the servician of the spital of the spital or of the

VS A15 (4) 15M 9/55 08

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6100 CERTIFICATE OF DEATH

Reg. Dist. 0607()

	PLACE OF DEATH COUNTY Prince	Georges	MARYLA		USUAL RESIDEN o. STATE	De C.		. If instituti b. COUNTY	on: Residenc	e before o	dmission	1)
	CITY OR TOWN RURAL ond give	(If outside corporate limits, wr	c. LENGTH OF STAY IN 2 months		c. CITY OR TOV	Washin		mits, write R	URAL ond g	ive riegres	town)	
		ITAL (If not in hospital, give st			d. STREET ADD		Igoon		TIA	e. 1	S RESID	ENCE
		enn Dale Hospi	ital			1929 1	8th S	t. N	W.		S I	
3.	NAME OF	First	Middle		Lost	4. D	ATE	Man		Day	Yes	
	DECEASED (Type or print)	Arthur	Navl	or	Robinso	01	ATH	5		72		58
5. 5	Male	6. COLOR OR RACE 7. A	MARRIED NEYER MARRIED		ATE OF BIRTH	27/11	9. AC	E (In years t birthdoy)	Months	YEAR IF		
10a	. USUAL OCCUPAT	ION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	E (State or fore	ign country)		12. CITI	ZEN OF V	/HAT C	OUNTRY
	Cook	aking me, even ii remedj	Navy Yard Cafeteria		Va.					1	JSA	
13.	FATHER'S NAME			1	4. MOTHER'S MA	AIDEN NAME						
	Arthur St	ewart Robinson	n		Isabell	e Washi	ngton					
15.		PER IN U. S. ARMED FORCES?		17. INFO				Add	ress			
	No	and the Act of Gram of Service)	Unknown	Dec	cedent							
	18. CAUSE OF DE	ATH [Enter only one cause p	per line for (o), (b), and (c).]							INTERV	AL BETY	VEEN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	DULMONARY	Hi	MORRI	+AGT=				ONSET	AND D	
	00 % X	DUE TO	1	18						-	-	8
	Conditions, if	any, which)	PULMONARY	TI	BERCU	LOSIR				14V	25 /	Mo.
	gove rise to	immediate () John Company		00144	/3				1	,	107
	lying couse lost	The Under-										
NO	PART II. O	THER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO TH	E TERMINAL DI	SEASE CON	DJĮION GIV	EN IN PART	1(a) 19. V	VAS AU	TOPSY
ATI	Upp	ER LOBECTOM V	RIGHT LUM	VG- 1	FOR TI	1BERCI	110511	() 1/	12	P	ERFORM	NED?
CERTIFICATION	OR CONTRIBUTIN	YAS UNDERLYING ☐ 206. G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (E	nter nature of in	jury in Port I o	r Port II of	item 18.)				
MEDICAL	20c. TIME OF INJU	, w	/hile Not while	De. PLACE foctory	OF INJURY (Hom, street, office ble	ne, form, 20f. dg., etc.)	(City or to	√n)	(Co	ounty)	-01	(Stote)
Z	p. m.	101	work of work									
	21. I certify t	hot I ottended the dec										
	alive an		12.58 , and that d	eath ac	curred at5:	IQ.A.M.	from the	causes o	nd on th	e dote :	toted	obove.
	ACTUAL	Mirt With	111					ity or town,			DATE	SIGNED
	SIGNATURE	rock (oo a	JVL	M.D.	G	lenn Da	le Ho	spital	L	5/	12/	58
	PHYSICIAN'S NAME (Type)	Moe Weiss, M.	D.		G;	lenn Da	le. M	d.			`	
220	BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. L	OCATION	City, fown, o	C (MA		No.	-
23.	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	0 10	24	a. REC'D BY RE	GISTRAR	24b. REGIS	FRAR'S SIG	NATURE		
1	1.20.1	torton 6.13	122 you st 1	2.00	, DA	ATE MAY 1	5 '59	000	1	-1		

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	7500 7433	Alip lokus	ve .00 (.00)
			A CASE
	ALL ALL AND A SECURE ASSESSMENT OF THE PERSON		
			 District of the last of the la

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FOR STATE HEALTH DEPT.

es.

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary execute the certificate writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director 4 shauld be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you DEUNERAL DIRECTORY Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of ar its designated agent, prior to burial, cremation, at Lemand, and in any event within 72 haurs after death.

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VS.	A15ME
5A	1 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

'S	CERT	TIFIC A	TE	OF I	DEA	T	H,	Reg.	DA.	6.0'	71
	2. USUAL	RESIDENCE	(Where	decease	d lived.	If	institution	r Res	idence	before	odmissio

	OUNTY Prince Georges MARYLAND ITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown) C. LENGTH OF STAY IN 1b		RYLAND	o. STATE Mar		b. COUNT					
b. CITY	OR TOWN (If give neorest town)	outside corporate limits, writ			AY IN 16	c. CITY OR TOWN (IF	aulside carpor	ote limits, write			
						Shac	dy Side		2 X.	2	
d. NAN	-				dress)	d. STREET ADDRESS					
	Prince	Georges Ge	eneral	Hospital							
3. NAME DECEA (Type o	SED _			Middle		Lost	4. DATE OF DEATH			,	4.0
5. SEX		6. COLOR OR RACE	7. MARRIE	DE NEVER MARI	RIED 8.	DATE OF BIRTH	9.	AGE (In years	IF UNDER IN	YEAR IF UND	ER 24 HRS.
Male		white	WIDOWED	DIVORCI	ED 🔲	May 14, 19	908	49 yrs.	Months De	ays Hours	Min.
10a. USUA during	most of working	N (Give kind of work g life, even if retired)			OR INDUSTR	Virginia	or foreign cou	nlry)			COUNTRY?
13. FATHE	R'S NAME					14. MOTHER'S MAIDEN N	IAME				
	Louis	Edward	Rose		122	Rhua	Lyons				
				SOCIAL SECURITY N	IO. 17, INI		se; F	Address ather			
	PART I. DEAT	H WAS CAUSED BY:				lmonary eder	10			INTERVAL BETW ONSET AND DE	EEN ATH
Cond gave (a), s	ditions, if an rise to immedistating the u	y, which (b) (b) nderlying DUE TO	(General p						-11	
ICATION									EN IN PART I	19. WAS PERFO YES 1	AUTOPSY ORMED?
	RY OF CON	SE WAS ITRIBUTING []	b. DESCRIBE	HOW INJURY OCC	CURRED. (En	er noture of injury in Port	I or Part II of	item 18.)			
2		Y Month, Day, Ye	While	Not while	20e. PLACE factor	OF INJURY (Home, form, y, street, office bidg., etc.)	20f. (Cily or	town)	(Count	ly)	(Stole)
21.	certify the	at I took charge	of the r	emains describ	ed abav	e, held an Autopsy	X, Ins	pection X,	Inquiry	K, an	d in my
opin	ion death r	esulted from: 1	Natural c	auses 🔼 Ac	cident [, Suicide , H	domicide [], Undeter	mined mo	onner 🗌	
		Ohn D	Ma	loney		M.U.				DATE :	SIGNED
	Louis E. Rose; Father Loui				1958						
REME	Maje white whowed DIOORCED May 14, 1908 1908 1909			e) 							
fell	Prince Georges ANALYLAND B. TOWN										

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TARBAT - FAMOR AT DALIGH

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D. Olso Transmiller and Attractor at

may be retained by the

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6966

06072

CERTIFICATE OF DEATH

		, , , , ,	CER	IIIIC	All	OF DEA	111		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	rince George		MA	RYLAND		USUAL RESIDENCE (b. STATE		ed lived. If institut b. COUNTY	_	nce befo	. Ur	sion)
RURAL and give	N (If outside corporate lime nearest town) 1y, Md	its, write	c. LENGTH OF STA		2	Greenbe		Orote limits, write I	RURAL ond	give nec	rest tow	n)
d. NAME OF HOS	PITAL (If not in haspital,		address)		1	d. STREET ADDRESS					ON A	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	Fi Wi	rst lliar	Mide n San	_{dle} dilan	ds	Last	4. DATE OF DEATH	Mod	nth lav	Do		Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MAR			7-10-76		9. AGE (In years lost birthday) 81 yrs.	IF UNDE Manths	R 1 YEAR Days		ER 24 HRS. Min.
during most of v	NTION (Give kind of work working life, even if retired tired	1	KIND OF BUSINESS ing contr			11. BIRTHPLACE (SI		country)	12. C	U S	F WHAT	COUNTRY
13. FATHER'S NAME	Unknown						n NAME aknown					
15. WAS DECEASED (Yes. no. or unknown)	(If yes, give war or dates of		SOCIAL SECURITY N			MANT Sandiland	ls (reenbel	t, Mo	1.		
	immediate	te t	relico - V Pelico - V Perelical	co.) Vare	el	er Aceir	Leut			ON		ETWEEN D DEATH
cause (o), stati	ng the under- DUE TO	1 7	CONTRIBUTING TO E	-(/		RELATED TO THE TE	Felera RMINAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(0) 1	PERF	AUTOPSY ORMED?
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY									1 22
W 20c. TIME OF IND Hour o. r p. r	π. 10	ar 20d. II While of wor	NJURY OCCURRED Not while of work	20e. PL fa	ctory,	OF INJURY (Home, f street, office bldg.,	orm, 20f. (Cit etc.)	y or town)		(County)		(State)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I oftended the May S Hum W		Part 1	}	M.D.	, 19 57 , to curred at 6 30~ C パ	45 Mg fro	m the causes of treet, city or town,	ond an	lost so the da	te stat	deceosed above ATE SIGNED
220. BURIAL, CREMAREMOVAL (Speci Rurial 23. FUNERAL DIRECTO	May 12,	195	22c. NAME OF CE Fort ADDRESS			n Cemeter		olmar Ma	norl	M		land
	acebte Sone	Urra		Ma		240. K	EC D B1 REGIS		OIRAR S S			

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	to , singeous)			in Chayen
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				Caller.
			all complete to the School School	
Mary 1				

FOR STATE HEALTH DEPT.

N.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6067

		A	C	0	3	5
Rea.	Dist.	No	U	U	8	40

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution desidence before admission)
	0	o. COUNTY SURGES MARYLAND	o. STATE A LANDON D. COUNTY 17- SED
	b.	b. CITY OR TOWN All outside corporal amits, write RYRAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town)
)		end give named then) DOG.	X Bourie
	d	d. MARE OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)	, d. STREET ADDRESS e. IS RESIDENCE
7		Junce Seorges Sineral Hop	1109-Chestruttive- YES NO
9	3. h	NXME OF DECEASED A Figure Middle	Lost 4. DATE Month Day Year
	((Type or print) William Jenny 9	Javoy DEATH 5- 27 1958
	5. SI	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 1	DATE OF BIRTH 9. AGE (In yours lost birthday) IF UNDER 1YEAR IF UNDER 24 HRS.
	Y	Water Colored WIDOWED DIVORCED	4-19-18-93 65- yrs. Mornins Days Moore Min.
	10a.	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during mail of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-		- O abover	Transformed 4-5.5:
	13.	MATHER'S NAME	14. MOTHER'S MAIDEN NAME DI
/		John 4- Davoy	Sarah E. Henry
	15/	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 JANE 10. SOCIAL SECURITY NO	FORMANT Addres
•	W	Ele	nor Down - same address as #2
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
		442 X DUE TO	Just of all faring
		Condition if an array	The Orange Marine
		gove rise to immediate cause	man Junia Misiane
		(a), stating the underlying DUE TO	
	z	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
3	ATIC	Anapplips and An	PERFORMED?
	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Eni	er noture of injury in Part I or Part II of item 18.)
		PRIMARY O or CONTRIBUTING COUSE OF DEATH.	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE While Not while factor	E OF INJURY (Home, farm, 20f. (City or town) (County) (Slote)
	MEE	Hour o. m. While Not while of work of work	
		21. I certify that I took charge of the remains described above	e, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀, and in my
		opinion death resulted from: Natural causes X, Accident], Suicide [], Homicide [], Undetermined manner []
		0/ >000/	BATT CIGALED
7		SIGNATURE AMO. Halaney	M.D. CHIEF MEDICAL EXAMINER [
-		EXAMINEUR	ASSISTANT MEDICAL EXAMINER 5-27-58
		NAME (Type) QOITN T-MALONEY, M.I	DEPUTY MEDICAL EXAMINER
	220.	O BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, Hown, or county) (Stote)
	1	Dineal 3/31/58 Murch of lie	censionem Horrie MA
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	Henry S. Mashington + Roses - 467-71.	-71.W. DATE JUN 2 '58 1

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate. Titing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your at to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

		O THE SHAPE			
	A V K				
				100000 NG	
D. William					
more de la companya d					

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e respital or attending physician.

Iter this certificate has been signed by the attending physician and campletely filled in by the function of a set the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld viral, cremation, or remaval, and in any event within 72 haurs after death.

NOING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

TAL OR ATT	etained by th	TO FUNERAL DIRECTOR	hauld be dete	rar prior to
TO HOSPIL	may be r	TO FUNER	poge 3 st	the regist
١	5 N	A15	(4) '55	

d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SACRED HEART HOME 3. NAME OF DECEASED (Type or print) ROSA AMANDA SCHMIDT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Months	
RURAL and give nearest town) HYATTSVILLE 2 YPS 5 MO WASHINGTON 47 d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3. NAME OF DECEASED (Type or print) ROSA AMANDA SCHMIDT 4. DATE OF DEATH OF DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift Under lost birthday) Months	E e. IS RESIDENCE ON A FARM? YES NO Day Year
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION SACRED HEART HOME. 3. NAME OF DECEASED (Type or print) ROSA AMANDA SCHMIDT 4. DATE Month OF DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Months	e. IS RESIDENCE ON A FARM? YES NO
OR INSTITUTION SACRED HEART HOME 1101 West Virginia AT 3. NAME OF DECEASED (Type or print) ROSA AMANDA SCHMIDT First Month OF DEATH Month S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER lost birthday) Months	VES NO Day Year
3. NAME OF DECEASED (Type or print) ROSA AMANDA SCHMIDT 4. DATE OF DEATH OF DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER Months) Months	Day Year
DECEASED (Type or print) ROSA AMANDA SCHMIDT OF DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER Months) Months	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER Months) Months	19 19 38
	1 YEAR IF UNDER 24 HRS.
THE TOTAL OF THE T	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	IZEN OF WHAT COUNTRY
13. FATHER'S NAME	4.4.9.
JOSEPH JOHNSON Elizabeth a O' Sulli	ven e
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAR (If yes, give wor or dates of service) (If yes, give wor or dates of service)	dayton 6, 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardio Vascular disease 424. DUE TO Conditions, if any, which } (b) Arteriosclerosis, general	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO (c)	* A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 White Not white at work at	County) (Stote)
alive on 18 May 12.58, and that death occurred at 3.30M, fram the causes and on the ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE May 19, 1958	last saw the deceased the date stated abave DATE SIGNED
PHYSICIAN'S Thomas F. Collins, M.D. 322 H St. N.E. Washington	, D. C.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town) or county) Burnas May 22/38 Mt Oliver Cemetery Was first	in (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH. D.C. 240. REC'D BY REGISTRAR'S SIGNATURE FRANCIS J. COLITIONS 3821 14th. St. N. W. DATE MAY 2 1 '50 CULTURE ADDRESS WASH. D.C. 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS WASH. D.C. 24	GNATURE

ST ERCHANGUE NICHEROLD WEIGHT BUT THAT OMALIVA AND A CHEST A ALLE James Tong & Ethele will are all and all the Arms had worth Mildle one to be parent freely in the box.

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FOR STATE HEALTH DEPT.

lealth, DEPUTY MEDICAL EXAMINER: This certificate shavid be executed within 24 hours after death. If any delay is necessary execute the certifical, miting the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director 4 shavid be farward at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your 5 PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of ar its designated agent, prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

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VS. A	15ME
5M :	2/57

ACTUAL

EXAMINER'S NAME (Type)

220. BURIAL, CAEMATION,
-REMOVAL (Specify)
-Salsalss

23. FUNERAL DIRECTOR'S SIGNATURE

MALVAN & SCHEY, INC.

John T. M.loney, M.D.

226. DATE THEREOF

5-16-1958

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	ME	DICAL	EXAMINEK	2 CEKTIFIC	AIE OF	DEATH	Reg. I	Disf. No	601	78
PLACE OF DEATH	PART			2. USUAL RESIDENCE	E (Where decea					ission)
	Prince Geo	rges	MARYLAN	o. STATE Max	ryland	b. COUNT	Pr.	Geo		
b. CITY OR TOWN (I	It outside corporate limits, writen)	PURAL	c. LENGTH OF STAY IN 18	c. CITY OR TOW	N (If outside cor	porate limits, write	RURAL or	d give n	eoresi Io	wn)
	mount Heigh		20 years	X	Fairmour	t Height	S			
d. NAME OF HOSPIT	TAL OR INSTITUTION	f not in hospi	tol, give street oddress)	d. STREET ADDRE						A FARM?
	y Street				5720 Jay	Street			YES [] NO [
3. NAME OF DECEASED (Type or print)	Charles	18	Smith	Lost	4. DATE OF DEATH	May	12,	Day		19 58
5. SEX Male	6. COLOR OR RACE	7. MARRIED	DIVORCED D	8. DATE OF BIRTH 3-1-09		9. AGE In years lost buildings yes.	IF UNDE	Days	Hours	ER 24 HRS Min.
00. USUAL OCCUPATION	ON (Give kind of work on life, even if retired)	done 10b. Kit	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	lote or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTRY
Butcher		M	eat	S. Car	rolina			U.S.	A.	
13. FATHER'S NAME				14. MOTHER'S MAID				0.00		
David	Smith			D:	aisy Glo	ver				
	III yes, give war at dates al	57		Mrs. Daisy I	Kelly; 6	7 Quincy	Plac	INTER	ASh.	EEN
976 X	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Hemorrhage	and shock				-		
Conditions, if a			Shotgun wou	nd of head						
gave rise to imme	diote couse									
couse fast.	(c)									
PART II. OTI	HER SIGNIFICANT CON	DITIONS CÓN	TRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DIS EA S	E CONDITION GIV	EN IN PA			AUTOPSY DRMED?
PART II. OTI	USE WAS NTRIBUTING []		ow INJURY OCCURRED.							
20c. TIME OF INJU		20d. IN White	JURY OCCURRED 20e. PI	ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f. (City etc.)			ounty)	r. 6	(State)
			moins described of		-	nspection X.		гу		d in my
opinion death	resulted from: 1	Naturol ca	uses , Accident	, Suicide X		-		-		,
1	1		1						-	

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

CHIEF MEDICAL EXAMINER

22d. LOCATION (City, town, or county) 4611 Bennings Rd., S. E.

Woodlawn Cemetery ADDRESS Wash. 1, D.C. 424 "R"St., N. W. 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

May 12, 1958

DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 16 OR-STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY (MARYLAND b. CITY OR TOWN III outside/forporate limits LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 least grannel TONAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? retained e State Ba YES NO D 3. NAME OF Middle DATE Month DECEASED OF DEATH (Type or print) agra 9. AGE (In years 5. SEX 6 COLOR OR RACE 7. MARRIED P NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Dovs Hours Min. WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 0 oge during giost of working life, even if retired) tooro ive Pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED, PYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IVes no et unknownt [If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Office DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES ID NO 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW TNJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) 20d. INJURY DEQUERED De. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., 'etc.) Not while 16 19 0 of work of of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection IL and in my Inquiry Accident V Suicide . Homicide Undetermined manner opinion death resulted from: Notural causes ... 50 DATE SIGNED PIRE ACTUAL CHIEF MEDICAL EXAMINER M.D. SIGNATURE ASSISTANT MEDICAL EXAMINER design **EXAMINER'S** should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMAJION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 700 Arlington Nat'l Cemetery Fort Myer, Virginia ADDRESS 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSME 5M 2/57

THE REPORT OF Stories of Market and Market Strategy Branch as THE PARTY OF THE P

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
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8007 CERTIFICATE OF DEATH

Reg. Dist. No. ()6078

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE Maryland b. COU	itution: Residence before admission) NTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negretal low parts wille Since Oct. 195	c. CITY OR TOWN (If oulside corporate limits, wri	te RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) Hyattsville Convalescent&Rest Home	d. STREET ADDRESS 6708 Forest Hill Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Maggie (Margaret) Fuller	OF	Month Day Year 1958.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH March 2, 1872 9. AGE (in yellost bighods)	ars IF UNDER 1 YEAR IF UNDER 24 HRS. Wanths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) Jackson, Mississippi	12. CITIZEN OF WHAT COUNTRY
James Madison Fuller	Margaret Elizabeth Le	wis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address
Mrs	Wells Harrington University	ersity Park, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	heartforlure	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	heartoliseuse	5 years
couse (a), stoting the under DUE TO generally evaluation of the land of the la	Lantonoselexoses	10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. SWAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter nature of injury in Part I ar Part II of item 18.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. White Not white at work at work	CE OF INJURY (Home, farm, lary, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from. PCFO	er, 1951, to Muy 21, 19	7, that I last saw the deceased
alive on Nove 20, 1959, and that death	occurred atM, fram the cause	es and an the date stated above
SIGNATURE Fluis Wordals	ADDRESS (Street, city or to	eaubell Med 5-21-5
PHYSICIAN'S NAME (Type) Dr. Wodak	7	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)		
Burial May 24, 1958 George Wa 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		e Md . EGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Md.	DATE MAY 2 6 '58	00/ -1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Prince Georges a. COUNTY PRINCE MARYLAND GEORGES b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Hillcrest Heights Illerest Heights d. NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? 534 IVERSON DOA Andrews AFB HOSPITAL YES NO FA 4. DATE OF DEATH NAME OF Middle Month Year DECEASED HARRIS (Type or print) STETSO 1958 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 12 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Male Hours CAU DIVORCED T 15 MARCH 58 WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington D.C. Not applicable 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter COL mary Ann Saluta William Stanley Stetson 2534 IVERSON ST 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) robable unknown DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) Not Applicable 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (State) (County) foctory, street, affice bldg., etc.) Haur o. m Nat while at work at wark 15 MAY, 19 18, that I last saw the deceased 21. I certify that I attended the deceased fram. ____, 19___, ta____ and that death occurred at 9:30AM, from the causes and an the date stated above alive an ADDRESS (Street, city or town, state) 4 MAY 58 DATE SIGNED ACTUAL M.D. Capt USAFIMC) 100157 USAF HOSP PHYSICIAN'S NAME ITYPE) - RUSIN S Andrews A.F.B. m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Removal (Specifx)

24g. REC'D BY REGISTRAR

DATE

24b. REGYSTRAR'S SIGNATURE

VS A15 (4 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATUR

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

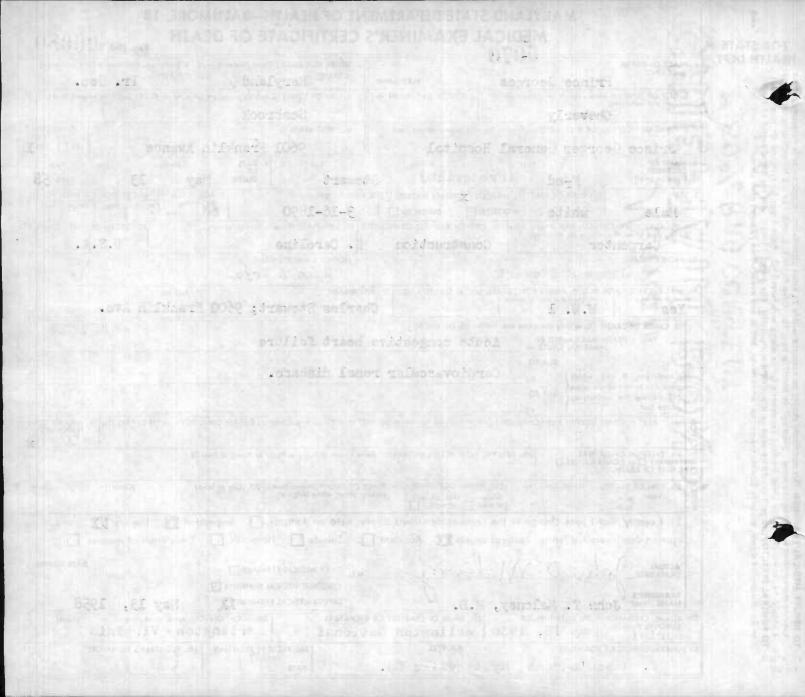
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist.	A	6	0	8	0
			_	_		

	5.0			Keg.	DIST. INDI O O O
	PLACE OF DEATH o. COUNTY Prince Georg	es MARYLAND	2. USUAL RESIDENCE (W	Where deceased lived. If institution: Resi	idence before admission)
	b. CITY OR TOWN (If outside corporate limits, write Rt and give necrasi fown) Cheberly			outside corporate limits, write RURAL o	
7	d. NAME OF HOSPITAL OR INSTITUTION (If n	at in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
4	Prince Georges Gener	al Hospital	9601	Franklin Avenue	YES NO X
	3. NAME OF First (Type or print) Fred	(Frederick) S	tewart	4. Date Month of DEATH May 13	Doy Year 19 59
		MARRIED NEVER MARRIED 8	3-16-1890	9. AGE (In years low birthday) 68 yrs. HUNDE	R TYEAR IF UNDER 24 HRS. Days Hourn Min.
4	10a. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) Carpenter	Construction	N. Carolina	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
	13. FATHER'S NAME James M Stewa	rt	Jane A	_	
ì	15. WAS DECEASED EVER IN U. S. ARMED FORCI [Yes, no, of unknown] Yes W.W. 1	rice)	harles Steway	rt; 9600 Franklin	lve.
The second second	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause tast. (c)	Acute congestive Cardiovascular re			ONSET AND DEATH
	E			NALDISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
17. 10. 17.	20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour a. m., p. m. 19	20d. INJURY OCCURRED 20e. PLAC While Not while of work of work	CE OF INJURY (Home, farm, rry, street, affice bldg., etc.)	, 20f. (City or town)	ounty) (Stote)
	21. I certify that I taok charge of opinian death resulted fram: Na ACTUAL SIGNATURE	f the remains described abar	, Suicide , F	damicide, Undetermined	manner D
2,	EXAMINER'S John T. Malon. 220. BURIAL, CREMATION, 226. DATE THEREOF	ey, M.D.	ASSISTANT MEDICAL E DEPUTY MEDICAL E GREMATORY		
	Burial May 16, 19	958 Arlington Na	tional	Arlington Virg	inia
	23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons	Hyattsville Md.	240. REC'D	MAY 1 9 58 246. REGISTRAR'S S	GNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary please execute the certificate thing the ward "pending" in pendil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. The followeder is the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your established. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours ofter death. VS. A15ME

5M 2/57



FOR STATE HEALTH DEPT.

HEALTH DEPT.

of H TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessory, execute the certificate. Thing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of har its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

7.1

Reg. Dist. NO 6081

Prince Georges MARYLANI				2. USUAL RESIDENCE (o. STATE Mary	Where decease	ed lived. If instit b. COUNT	TY	ward	dmission)	
and give nearest to	(If outside corporate limits, write RURA wn) heverly	c. LENGTH OF STAY I		c. CITY OR TOWN (I		orate limits, write	RURAL ond	give neores	t town)	
	Georges Gener		s)	d. STREET ADDRESS	Flaming	o Cabins	3		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Harold First	Lloyd St	tinet	last te	4. DATE OF DEATH	Mav	19	Day	Yeor 19 58	
5. SEX Male		MARRIED NEVER MARRIED OWED DIVORCED	-	10-16-29		9. AGE (In years lest birthday) 28 yrs.	IF UNDER	1 YEAR IF U Days Hou	NDER 24 HRS.	
10a. USUAL OCCUPAT during most of worl Technici	FION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR I		Virgi		ountry)	I2. CITI	ZEN OF WH	AT COUNTRY?	
13. FATHER'S NAME Glen	W. Stinette			14. MOTHER'S MAIDEN	NAME Vellie	Guest				
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)			ormant ry Stinette	; same	Address		2.		
Conditions, if gove rise to imm (o), stoling the couse tost. PART II, O	ediate couse			oisoning of related to the term	MINAL DISEASE	CONDITION GIV	VEN IN PART	T 1(0) 19. W/	REORMED?	
PART II. O	i. De	scribe how injury occur	ently	consumed a	solut	ion of c	yanide	3.		
	P 5- 10- EX		Ho d above	n, street, office bldg., etc me B, held on Autops	Laure	spection R		у 💽 ,	(Store) Marylan and in my	
Name and Address of the Owner, where the Person of	John T. Maloney			M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	EXAMINER D	May	19, 1	DAT 1.958	E SIGNED	
23. FUNERAL DIRECTO	F'S SIGNATURE	Shelby Hil ADDRESS Vattsville, M	1 Ce	metery 240. REC	Brist O BY REGISTR AY 2 6 '5	AR 24b. REGI	STRAR'S SIG	Tenn	itote)	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) RUPAL and give negrest town Ue 215 Oxon d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Shoeshone Drive hoeshone YES INO TO NAME OF Middle (Type or print) 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE IIn Jeans lost birthdoy) Months on papers. WIDOWED I DIVORCED [mos 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired Compr Credit Zlitorins pou ofter 13. FATHER'S NAME Sorl 21124 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT W117.2 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] to 10 hours PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) OVOMZYV DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the under-"avdio Vascular Disease lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO F 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTION MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while 21. I certify that I attended the deceased from. 19 58 that I last saw the deceased and that death occurred at 2 M, from the causes and on the date stated above DIRECTOR ADDRESS (Street, city or 5-26-58 0 FUNERAL n 220 DURIAD GREMATION, 226. DATE THEREOF 22c. NAME, OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or county) page HOY VAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AEC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6973 CERTIFICATE OF DEATH

Reg. Dist. No.

06084

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PLACE OF DEATH a. COUNTY	0	ISUAL RESIDENCE (Wh	ere deceased live	b. COUNTY	on: Kesidence	before admission)
Prince George	MARYLAND	Maryland	Prince	George		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16 c	CITY OR TOWN (If a				e nearest tawn)
Cheverly	X	Navlor				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	1	d. STREET ADDRESS				e. IS RESIDENC
Prince George General						YES NO
DECEASED	Aiddle	Last	4. DATE OF DEATH	Mont	th	Day Year
Balov GLP1 Inomas		TC 05 010711		May 11	IE UNIOER 13	1958
SEX 6. COLOR OR RACE 7. MARRIED NEVER M		TE OF BIRTH AV 11 1958	7. 6	GE (In years ost birthdoy) yrs.		TEAR IF UNDER 24 H
Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE			ar fareian countr		12. CITIZI	EN OF WHAT COUN
during most of warking life, even if retired)		TT. DIKITII B TEL (DIGIE	or toroign coom	"	12. 0.1.2.	ar or what cool
		Marvla	nd		II.S.	A
B. FATHER'S NAME	14.	MOTHER'S MAIDEN N	NAME			
W112211			m1.			
William A. Thomas Was Deceased ever in u. S. Armed Forces? 16, SOCIAL SECURIT		Iosephine	'l'noma	Addr		
(es. no. or unknown) (If yes, give wor or dates of service)	TNO. IV. INFORM	MANI		Addr	ess	
	Wil	liam A.	Thomag	Ner	Jor.	Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one	d (c).]		1	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1	100007	1000			ONSET AND DEAT
IMMEDIATE CAUSE (a)	- 00	week	ter -	_		1 lege
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Canditians, if any, which)	()	41010	Luc	en		from ve
gave rise to immediate		10000				/
cause (a), stating the under-					4	
lying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1	(a) 19. WAS AUTOP
						PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Ent	ter nature of injury in f	Part I ar Part 11 a	f item 18.)		1 12 110
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREI Hour a. m. p. m. 19 While Not while of work at wark	D 20e. PLACE O	F INJURY (Home, farm street, affice bldg., etc.	, 20f. (City or t	own)	(Cou	unty) (Ste
Haur a. m. p. m. 19 While Not while at wark at wark	ן ו	/	'			
	n 1 161	155	MA	145	2	
21. I certify that I attended the deceased from.	100) 17	, 19 <u>0</u> , ta_1		19	That I la	st saw the dece
alive on May 17 19 8, and	that deoth occi	urred at 10 . 10	M, fram th	e causes a	nd an the	date stated ab
			ADDRESS (Street,			DATE SIG
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ACTUAL SIGNATURE John Julie ?	M.b.	201 Hannel	762 SY 2	Mark	ny	100 3/1
SIGNATURE	M.b.	301 Hannel	Ter Sty	Stephen	oru,	1 3/1
SIGNATURE PHYSICIAN'S			ton st	Hyat	tavil	le. Md.
PHYSICIAN'S NAME (Typo) Dr. John W Perkins		301 Hamil	ton-St			
PHYSICIAN'S NAME (Type) Dr. John W Perkins Page Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify)	CEMETERY OR CREA	301_Hamil	ton St			le. Md. (Stote)
PHYSICIAN'S NAME (Type) Dr. John W Perkins Ro. BURIAL CREMATION, REMOVAL (Specify) Burial 5/16/58 St. P	eteris (301 Hamil MATORY Cem: Catholic	22d. LOCATION	(City, tawn, o	or county)	(State)
PHYSICIAN'S NAME (Type) Dr. John W Perkins Ro. BURIAL CREMATION, REMOVAL (Specify) Burial 5/16/58 St. P	CEMETERY OR CREA	301 Hamil MATORY Cem: Catholic	22d. LOCATION	(City, tawn, o		(State)
PHYSICIAN'S NAME (Type) Dr. John W Perkins To. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 5/16/58 St. P	cemetery or create the control of th	301 Hamil MATORY Cem: Catholic 240 REGY	22d. LOCATION	(City, tawn, o	or county)	(State)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6074 CERTIFICATE OF DEATH

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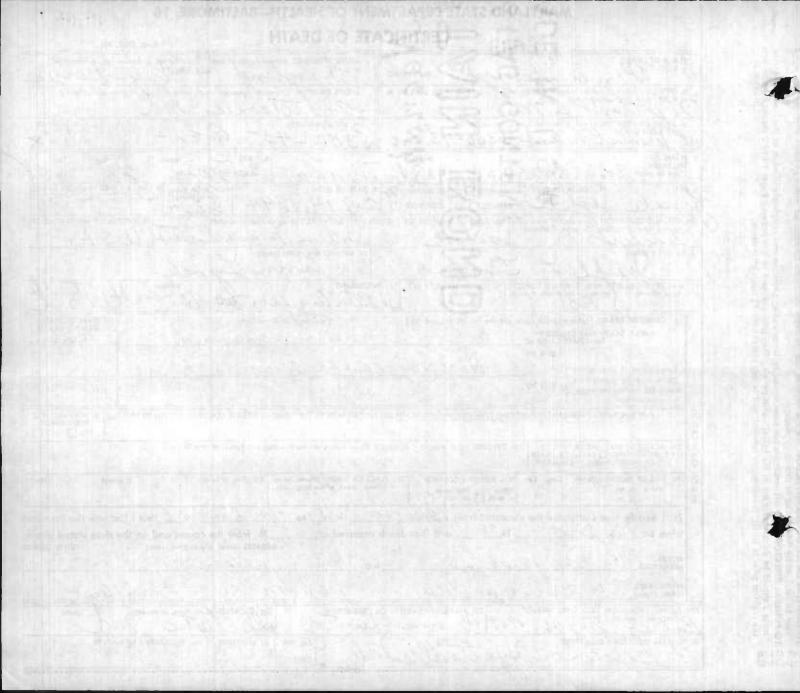
Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY o STATE b. COUNTY MARYLAND Prince George Prince George Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Cheverly 1 Week Marvland Park d. NAME OF HOSPITAL (II not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Prince George General ON A FARM? 6512 E Street YES NO NAME OF 4. DATE Middle Month Year DECEASED (Type or print) 1958 Charles DEATH Thompson May 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED | 58 yrs. White Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Department Stone Wash, D.C. U. S. A. 13. FATHER'S NAME PROPERTY 14. MOTHER'S MAIDEN NAME Charles H. Thompson Margaret Frazier 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no. or unknown) (If yes, give wor or dates of service 8187514 Teresa Thompson same as 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year (County) (Stole) foctory, street, office bldg., etc.) Hour a.m. While Not while at work of wark 1958 to June 1 1958 that I last saw the deceased 21. I certify that I attended the deceased from CAAN ___, and that death occurred at 9:35P_M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL ane X PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. RECUSTRAR'S SIGNATURE.

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CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Prince Greenge MARYLAND Ruland RINCE enk b. CITY OR TOWN (If outside carporate limits, write ENGTH OF STAY IN 16 c. CITY OR TOWN (If obtside carporate limits, write RURAL and give nearest town) RURAL and give nearest town), X On Hi e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION YES Y NO Le C DATE Month Year NAME OF DECEASED 1955 DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX Months Days WIDOWED N YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) pup 14 MOTHER'S MAIDEN MAME offer 13. FATHER'S NAME COR 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 6511 Tuckek kd S.E INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO 10 cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (State) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED (County) Doy, Year factory, street, office bldg., etc.) While Not while at work at wark 19 5 8that I last saw the deceased 21. I certify that I attended the deceased from M, from the causes and an the date stated above. and that death accurred DATE SIGNED ACTUAL PHYSICIAN'S TO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 246. REGISTRAR'S SIGNATURE EC'D BY REGISTRAR FONERAL DIRECTOR'S SIGNATURE ADDRESS 240. VS A15 (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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22c. NAME OF CEMETERY OR CREMATORY

Riverdale. Maryland

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226. DATE THEREOF

10 VS A15 (4) 15M 9/55

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FUNER

NAME (Type)

220. BURIAL CREMATION.

Burial

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

W.W. Chambers Co

12th 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address 5450 Newton Street INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NOT (County) (Stote) That I last sow the deceased M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 5/12/58 ATE SIGNED

22d. LOCATION (City, town, or county)

Suitland, Maryland.

24b. REGISTRAR'S SIGNATURE

Same as Above.

240. REC'D BY REGISTRAR

DATE MAY 1 4 '58

Nat Cemetary.

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e. IS RESIDENCE

Day

YES NOT

Year

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06089 **CERTIFICATE OF DEATH** 6976 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Prince Georges Prince Ceorges MARYLAND b. CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 12 years Cheverly Cheverly Md. d. NAME OF HÖSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO K 58th avenue 3812 58th avenue 3. NAME OF First Middle 4. DATE Month Day Yeor DECEASED Jessie June Warmaster (Type or print) DEATH May 31 58. 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours WIDOWED F DIVORCED T Dec 16, 1883 female white YFS. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lowa S Housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Scott Mary Scribner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs Francis Lynch Cheverly Md. none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 RUBRO- Vasau DUE TO 27e110 SC Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CERTIFICATION WAS AUTOPSY PERFORMED? YES NO DO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram 19_5_0, that I last saw the deceased , and that death accurred at 12 20 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria George Washington Hvattsville 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Gasch's Sons

DATE JUN 6

Hvattsville Md.



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		JE 119					Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Prince (George's Co.	MARYLA	2. ND	USUAL RESIDENCE (Who. STATE Marylan	ere decease	d lived. If institut b. COUNTY	ion: Residence	e before admission)
B. CITY OR TOWN (RURAL ond give n Clinton	(If outside corporate limits, v nearest town)	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o		rote limits, write I	RURAL and gi	ve riegrest town)
d. NAME OF HOSPI OR INSTITUTION Brad	TAL (If not in hospitol, give dley hane	street oddress)	1	d. STREET ADDRESS Bradley	Lane			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	WILLIAM First	Middle E .	WI	LEY	4. DATE OF DEATH	May	oth 6th	Day Year • 19 58
5. sex Male	White w	MARRIED NEVER MARRIED DOWED DIVORCED	Je	ATE OF BIRTH n. 12th. 18		9. AGE (In years lost birthdoy) of yrs.		YEAR IF UNDER 24 HRS. Days Hours Min.
10am USUAL OCCUPATION during most of work Retired	ON (Give kind of work done rking life, even if retired)	Plumber	NDUSTRY	11. BIRTHPLACE (Stole Washingt				EN OF WHAT COUNTRY
13. FATHER'S NAME			1.	MOTHER'S MAIDEN N	IAME			
Edwin F.	Wiley			Susan Harri	S			
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give war or dates of service	4	i7, INFO	RMANT Ethel I. Wi	ley	Same As 7		(Wife)
Conditions, if a gove rise to i couse (a), stating lying couse lost.	the under-	interiosaler						ONSET AND DEATH
3 Cerel	v-vascular	ONS CONTRIBUTING TO DEATH CECCLOST DESCRIBE HOW INJURY OCCU	Doc.	1955			VEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
-	RY Month, Day, Year	20d. INJURY OCCURRED 20d While Not while of work	e. PLACE foctory.	OF INJURY (Home, farm, street, office bldg., etc.	20f. (City	or town)	(Co	unty) (Stote)
ACTUAL SIGNATURE	AWRENCE D. SU	1258, and that de	eath oc	curred ot TPL	_M, from	n the couses of teet, city or town,	ond on the	ost sow the deceased date stated above DATE SIGNET
220. BURIAL, CREMATIC REMOVAL (Specify	Nay 9th 19	22c. NAME OF CEMETER 58 Codar Hill	-			TION (City, town, tland, Ma		(Stote)
23_FUNERAL DIRECTOR	rs signature Brothers	1661- Good H Washington	Hope C	Rd SE DATE	BY REGIST		STRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after degth. moy be retoined by the pospital or attending physicion.

TO FUNERAL DIRECTOR

For this certificate has been signed by the ottending physicion and completely filled in by the fund page 3 should be detacked for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

Page 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Pages may be retained by the spiral or attending physician.	TO FUNERAL DIRECTOR Let this certificate has been signed by the attending physician and completely filled in by the fun all directors. Pages 3 should be detached for use as the buriot-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled	V
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Romm	CERTIFICA	TE OF DEATH	-BALTIMORE, 1	Reg. Dist. N	(, 0	091
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvlan	ere deceased lived. If institution b. COUNTY		fore odmiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	itside corporate limits, write Kl	JRAL ond give n	earest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Prince Georges General	ddress)	d. STREET ADDRESS Box 358				IDENCE FARM?
3. NAME OF First DECEASED (Type or print) Baby	Middle	Lost Williams	A. DATE Mont OF DEATH 11 May	h (Day	Yeor 19 58
S. SEX 6. COLOR OR RACE 7. MARRII Male White WIDOWEL	ED NEVER MARRISE	D. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEA Months Doys	R IF UNDE	100
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) None	IND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN	OF WHAT	COUNT
13. FATHER'S NAME Paul Williams		14. MOTHER'S MAIDEN N Shirle				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. IN	IFORMANT	Addr	ess		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse last. (c)	rem tu	anty of			Co. L	s
PART II. OTHER SIGNIFICANT CONDITIONS CO				EN IN PART 1(o)	19. WAS PERFO	RMED?
	RIBE HOW INJURY OCCURRED	. (cnier noture of injury in P	ort I or Port II of Hem 18.}			
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour o. m. While of work	Not while fact	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or town)	(County	r)	100 4
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21. I certify that I attended the decease alive on 19 S		0.00000000000000000000000000000000000	M, from the causes o		ate state	
alive on 5/14/., 19.5		occurred of 6,55A	M, from the causes o	nd on the d	ate state	decea
alive on		occurred of 6.55A	M, from the causes of DDRESS (Street, city or town, street)	nd on the desirate of the desi	ate state	decea ed abo

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5106 Reg. Dist. No. 1 6000 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY Prince George b. COUNTY MARYLAND Jaryland rince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown andover andover Hills d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 00 OR INSTITUTION 213 Marvwood NAME OF Middle Last 4. DATE Month DECEASED Robert Holmes Wistling DEATH 1st. (Type or print) Mav 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthdoy) Months Male White WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Stationary Salesman Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Wistling Mary Pollock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Doroth Wistling Same as es 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] a Bronchiogenic Carcinoma PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if any, which (6) signed gove rise to immediate **DUE TO** catse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 5-2-21. I certify that I attended the deceased fram. that I last saw the deceased alive on 52 and that death accurred at 9 . OOA M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 71st ave Landover should PHYSICIAN'S NAME (Type) FUNERAL Ave Landover Hills, Md Maloney

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES |

> > (State)

#2d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

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(Stote)

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YES NO

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220. RURIAL, CREMATION.

REMOVAL (Specify

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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23. FUNERAL DIRECTOR'S SIGNATURE W.W. Chambers Company,

PHYSICIAN'S

NAME (Type

REMOVAL (Specify)
Burial

7355X16

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Gate of Heaven

Riverdale. Md.

ADDRESS

WODAK

Spring, Mont.Co.Md. Silver 24o, REC'D 8Y REGISTRAR

DATE

24b, REGISTRAR'S SIGNATURE

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22d. LOCATION (City, town, or county)

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